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THE INFLUENCE OF

PROFESSIONAL OCCUPATIONS

ON THE

DURATION OF LIFE.

A very interesting paper,—the fruit of r esearches made into the civil registers of Geneva, with a view to determine the age and profession of the parties whose names are therein inscribed, for a period of time extending from 1796 to 1830,—appears in the *Annales d'Hygeine Publique*, No. 27, from the pen of Dr. H. C. Lombard, on the above subject.

The number of individuals whose ages and professions the author has been able to determine with perfect exactness, amounts to no less than 8488; and from an examination of the whole he has been able to draw some highly useful, if not novel, conclusions.

The average duration of life for the whole number was 55 years; and taking this as the mean term, he divides professions into two classes: 1st, that above the mean term of 55; and 2nd, that below it; or, in other words, into professions where the average of life is more than 55 years, and into those where it is less. The first class comprises a list of 79 professions, amongst which we find the physicians. The latter contains 57, and includes "surgeons."

Having classed the professions generally, according to their relation, above or below 55 years, the author next endeavours to determine what professions are most favourable to the prolongation of human existence; and what, on the contrary, seem to curtail its period. The table destined to illustrate this point is very extensive. Take a few examples: thus we find—

Number of Deaths.	Professions.	Average Age.
71	Magistrates	69 1
275	Independent persons	65 8
52	Protestant ministers	63 8
476	Merchants	62 0
152	Goldsmiths	61 6
1073	Watchmakers	55 3
41	Surgeons	54 0
41	Printers	54 3
77	Butchers	53 0
78	Coachmen	51 0
82	Bakers	49 8
62	Locksmiths	47 2
65	Painters in varnish.....	44 3

One of the first facts which we may draw from the above table is, that the duration of life differs in the different classes of society. In a certain rank the average age is nearly 70 years; in another it does not reach 45: in other words, according to the conditions in which individuals of the same population are placed their life may be prolonged or abridged by more than one third. This is a fact of immense importance, and gives rise to several considerations not only connected with medicine, but with political economy. Thus, M. Finlaison deduced from his tables the conclusion that the period of life being nearly the same in all the classes where assurances are effected, it matters little to choose from one profession or another. The above table is a sufficient answer to this assertion. We see that the average length of life for magistrates and clergymen &c. is much higher than that of literary or medical men, and that the value of assurances ought to differ according as money may be placed on an individual belonging to one or other of these classes.

Having shown, by positive documents, that the profession exercises an evident influence on the duration of life, the author

is naturally led to ask, "What are the causes which produce this result?" The principal circumstances which seem most worthy of consideration are, a sufficient income or poverty; liberal education; the causes which favour the development of phthisis in several professions; and, finally, the accidents that many workmen are unavoidably exposed to.

The influence of what we may call a "comfortable income," in the prolongation of human life is clearly shown by the different tables which the author gives: the difference between the poor and easy classes is seven years and a half, or one-eighth of the whole period of existence. And the following table shows both the uniformity of the result, and the degree of influence which this circumstance exercises on the easy, the industrious, and the poor classes.

First Class.

Liberal professions, average of age of those who pass 55 years	62 2
Of those who do not pass 55 ..	52 6
Total....	61 0

Second Class.

Industrious professions, above 55 years	60 7
Below 55 years.....	50 5
Total....	56 4
Working classes, above 55 years ..	57 8
Below 55 years.....	49 6
Total....	53 6*

Here we see the duration of life abridged in proportion as we descend from the higher to the lower classes. Between the liberal and industrious professions the difference is $4\frac{3}{5}$ years; between the industrious and working classes it is only $2\frac{4}{5}$ years. We may remark that a similar result was pointed out some years ago, but in a manner quite different, by M. VILLERMÉ of Paris.

* We have given this table as it exists in the original; although we confess that we do not well understand the meaning of the words "total," nor the numbers corresponding to them. It seems more natural to take the mean of each class, and then compare them: this gives a result very different from the author's.

Another circumstance which exercises a considerable influence on the length of life in the different professions is *activity*. Individuals who are compelled by their profession to live a sedentary life, do not live so long as those who work in the open air, &c.; however, this difference between the two classes of workmen is much less than that between the poor and rich; it varies from $1\frac{2}{3}$ to $1\frac{3}{5}$ years.

We have just seen how the most unfavourable circumstance to the prolongation of life is the absence of comforts and pecuniary resources, which abridge the life of a population by one-eighth. The second unfavourable influence is the existence of mineral or vegetable vapours in the atmosphere surrounding workmen: on an average this abridges their life by $4\frac{2}{10}$ years. A third circumstance is the inhalation of certain animal, vegetable, or mineral dusts; in Geneva this abridges life by $2\frac{1}{2}$ years: its fatal influence is much more marked in our own manufactories. The various accidents to which certain of the working classes are necessarily subject, seems to act in diminishing $2\frac{3}{10}$ years; and, finally, a sedentary occupation, causes a mean duration of $1\frac{4}{10}$ years, in the whole duration of life.

To express these various influences by numbers, we may value

Favourable Influences.

Independence	7.5
Active Life	1.4

Unfavourable Influences.

Want of Independent Means ..	7.5
Mineral and Vegetable Vapours ..	4.9
Various Dusts	2.5
Accidents	2.3
Sedentary Occupation	1.4

The principles now established may be applied to the different grades of longevity observed in the various tables given by the author; thus, magistrates, men of fortune (rentiers), clergymen, merchants, and employés, occupy the first grade, on account of the superior ease in which they live: the same reason explains why gardeners live longer than field labourers; merchants longer than shopkeepers: for these two classes differ only in the different degrees of comfort they enjoy. We can also understand why painters, lock-

smiths, enamellers, jewellers, &c., occupy the lowest scale of longevity, because they are constantly exposed to the action of injurious vapours.

Again, it is worthy of remark, how the influences above mentioned are capable of mutually neutralizing one another; thus the sedentary life of employés is counterbalanced by the ease in which they live, while the activity of woodcutters diminishes considerably the effects of the poverty to which that class of individuals is reduced.

DYING THE HAIR.

The *Annales d'Hygeine Publique*, No. 26, contains a paper by M. Orfila "On the Characters which may be drawn from the Human Hair, in order to resolve questions of identity," presenting the results of a variety of experiments on the human hair with different substances of a vegetable and metallic nature.

The object of this inquiry in a medico-legal point of view was, to determine whether a person could not artificially tinge his hair, so as to change its colour from gray to black &c., and thus throw some doubts on his identity. For the purpose of resolving this question, M. Orfila submitted portions of human hair to the action of different substances, and obtained the following results. We should first remark, however, that M. Orfila divides his memoir into three parts. The first treats of the method of dying hair black, and the means of recognising by what agents it has been coloured. The second treats of the means to be employed for restoring the original colour of the hair. The third examines how far light hair may be tinged of another colour, not black or white.

Experiment 1, with carbon and common pommade mixed. This dyes the hair perfectly black, but easily dirties the hands, linen, &c. To detect it, put a portion of hair in boiling water, the carbon sinks, the pommade is melted, and rises to the surface.

Experiment 2.—Nitrate of bismuth. Chesnut-red hair, cleansed with ammonia water, and moistened with the nitrate of bismuth (neutralized with its sub-nitrate), was much whitened by the application; left for a quarter of an hour in hydro-sulphuric acid, it became perfectly black. The employment of bismuth as a dying agent, may be detected by hydrochloric acid, which restores the hair to its original colour.

Experiment 4.—Subacetate of lead. A portion of the same hair, as in experiment 2, when washed clean, was treated with a solution of the acetate of lead: it became quite black when moistened afterwards in hydro-sulphuric acid. This agent is easily detected by the hydrochloric acid, which restores the primitive colour of the hair, and throws down a deposit that is shown to be lead by the common tests.

Experiment 5.—Three parts of litharge, three of chalk, and one and one half of hydrated quick-lime, fresh slacked, the whole well pounded and mixed together, furnish, according to M. Orfila, one of the best methods for dying the hair black. The powder is to be mixed in a quantity of water sufficient to make a very thin paste; the hair is then well rubbed with the mixture, and covered with a leaf of blotting paper, over which is placed a cap of oiled silk; the hair becomes black in three or four hours, when the lime and oxyde of lead are to be washed away with some vinegar and water. This method does not injure the hair; on the contrary, it improves its appearance very much. The presence of the lime and lead may be detected by nitric acid, which would throw down the nitrate of lime and lead; by treating the liquor with hydro-sulphuric acid, the metal would be readily obtained.

Experiment 5.—Plombite of lime. The plombite of lime is obtained by boiling for one hour and a quarter, four parts of the sulphate of lime with five parts of hydrated lime and thirty of water: the liquor filtrated gives a powder which is the plombite of lead. When the hair remains an hour in a warm solution of this substance it assumes a beautiful dark colour, without becoming fragile or dirtying the linen. This method is the one which produces the finest black colour, and is attended with the least inconvenience.

Experiment 6.—Nitrate of silver. A solution of this salt turns chesnut hair to a fine violet colour; and when exposed for a few hours to the light, the hair becomes almost black. The hair should be first washed in a solution of ammonia to remove the grease: indeed, this process was repeated in all the experiments. When the hair was exposed to the action of nitrate of silver without being first washed, it changed very little in colour. The violet colour of the hair, when viewed obliquely, indicates the employment of ni-

trate of silver; which may also be detected by liquid chlorine.

Experiment 7.—Russian liquid, a fluid invented by the Persians for dying the hair, which contains mercury, copper, alum, and gall-nuts. The effect produced by this mixture is little or nothing.

Hence, according to the experiments of M. Orfila, the plombite of lime is the best means of dying the hair black. As to the means of changing dark hair into a chesnut, blonde, or yellowish colour, this may be done by a solution of chlorine; and M. Orfila shows that an individual may, at will, change the colour of his hair from a dark to a chesnut, become white-haired the week after, exhibit a gray head in a short time, and even again restore these different shades. The use of chlorine, however, renders the hair very fragile, and gives a peculiar and unpleasant odour, which it is difficult to hide, and which always betrays the nature of the gas employed.

TREATMENT OF THE

CHOLERA OF MEXICO WITH THE GUACO.

An article on this subject by M. Chaniac appears in the *Gazette Medicale de Paris*, No. 29. In the summer of 1833 Mexico was attacked by a frightful epidemic. The cholera suddenly appeared in the city, and the number of deaths soon amounted to 1500 per day, and before August 15,000 individuals had perished. The disease also broke out in a small French ship of war stationed off the coast, and gave an opportunity to the surgeons of trying a remedy which enjoyed the highest reputation on the Continent. Were we to believe the account of M. Chaniac, the effects of the guaco are almost miraculous, and it may be regarded as a true specific of the disease. The utility of the guaco in cases of serpent-bites led to its application in cholera, and all the patients who took it in the commencement of the disease were saved, and even a great number of those in a more advanced stage of the disease were rescued from a certain death. The action of this remedy seems principally expended upon the heart and circulating system, where it excites a powerful reaction. In simple cases Dr. Chabert, surgeon to the military hospital of Mexico, gave small cups of the warm decoction, until a gentle sweat broke out on the skin; in the confirmed cold stage, he administered every quarter of an hour a spoonful of alcoholic tincture in water, alternating with a small cup of the decoction: this seldom failed to raise the pulse and bring back the heat. The general remedies used externally by other physicians were simultaneously employed, but no other internal medicine. The author terminates the paper to which we have referred, by some cases illustrative of the good effects of the remedy he proposes.

PRESERVATION OF DEAD BODIES FOR DISSECTION.

For some time back a commission of the French *Academy of Medicine* has been occupied in making experiments with a fluid proposed by M. Gannal, for the purpose of conserving the body after death for anatomical purposes. This fluid is composed as follows:—

Common Salt	2 lbs.
Alum	2 lbs.
Nitre	8 ozs.
Water	40 lbs.

In winter this fluid should mark 7° with Baumé's instrument, and in summer 12°.

The report of the commission is very favourable: In the month of March last two bodies were placed in this solution, and left exposed to the putrid exhalations in one of the dissecting rooms of the school; after the lapse of a month they had changed in appearance externally, and the internal tissues were sufficiently conserved to be applicable to anatomical purposes.

Another body, immersed in the fluid for some time, then taken out and exposed to the air, remained fifteen days without showing any sign of putrefaction, when here again the state of the tissues was such as to permit anatomical study with them. The only change produced is in the external layer, which changes colour; but all

the interior parts of the body present a natural appearance.

Those of our readers who remember the experiments made about five years ago at the University of Dublin, when bodies for dissection were rather scarce, will perceive that the composition proposed by M. Gannal, is exactly similar to that used by Dr. Macartney; the only difference of method is, that the latter merely injected the vessels of his subjects with the *conservative* fluid, and then wrapped the bodies up in cloths moistened with the solution. The superficial and deep nerves of an arm prepared in this manner which were dissected by a friend of the Editor, served the learned professor at his demonstrations during a period of several months.

ARRANGEMENTS OF MUSCLES.

At the French *Academy of Sciences*, on the 27th of July last, Dr. Alexander Thomson produced a memoir on the Structure and Arrangement of the Muscular system, in which the following principal results were deduced by the author. They are, as will be seen, completely contradictory of the views held by many anatomists of the two academies.

1st. None of the muscles of the abdomen, the perineum, the pharynx, or the bladder, terminate on the median line. Their fibres not only traverse this line, but, in traversing it, they also become interlaced with those of the opposite side, and form a perfect web.

2nd. There is no "aponeurosis" of the perineum, in the sense given to that word by MM. Gerdy, Blandin, and Velpeau, for the aponeurotic layers are composed by the interlacement of the tendinous fibres of the muscles of both sides.

3rd. The cremaster muscles are independent muscles, and not simply prolongations of the inferior fibres of the internal oblique.

4th. The round ligaments of the uterus are nothing but a transformation of the cremaster muscles.

5th. The tubernaculum testis is nothing but the cremaster muscle, accompanied by its proper nerves and vessels.

6th. The bladder has only one series of fibres, disposed in spirals, which intersect one another before and behind, and these are attached by tendinous extremities to the articular edges of the symphysis pubis.

No. 27 of the *Annales d'Hygeine* contains original articles under the following titles:

1st. Medico-statistical History of the central Prison of Rennes, by Dr. Toulmeche.

2nd. On the influence of Asphaltic Bitumen on the health of those who dwell in the neighbourhood of places in which it is prepared, by M. Parent-Duchatelet.

3rd. On the influence of Professions on the Duration of Life, by Dr. Lombard.

4th. Experiments proving the efficacy of the Hydrate of the Peroxide of Iron as an Antidote to Arsenic, by M. Bouley, jun.

5th. Examination of the Doctrines which prevail at the present day in Germany on the question of Mental Alienation, by M. Taufflieb.

We should analyze M. Marc's highly interesting paper in the 26th No. of the *Annales*, on the means of preventing the danger of being asphyxiated, but we reserve ourselves for the complete work, which he is about to produce on this subject.

ON THE EFFECTS OF THE

ETHEREAL TINCTURE OF MALE FERN BUDS,

THE FRENCH HOLLY, IODINE, AND BEAR'S FOOT,

IN CASES OF

WORMS IN THE INTESTINES.

By John Fosbroke, M.D., *Physician to the Ross Infirmary.*

As the time has not yet gone over for gathering the buds of the male fern, I shall submit a few observations on that remedy, which I have introduced into practice here.

The more certain remedies generally used for worms are so disgusting, that many adults and children cannot get over the loathing of them. They dislike the tin, because it produces a belching of gas, like sulphuretted hydrogen; the cowhage, because it "sticks in their throats, and all the way down;" and the turpentine, because its flavour is "quite hate-

ful," and its effect not an exhilarating, but a crying drunkenness.

These objections prompted me to look about for a more agreeable remedy than either of them, and of equal efficacy. Dr. Peschier, of Geneva, asserts that he has cured 150 cases of lumbrici, tricocephales, and teniæ, in nine months, with the ETHEREAL TINCTURE OF MALE FERN BUDS (*polypodium filix mas*), in doses varying from viij to xxx gtt., in as many pills as there are drops. His brother, an apothecary at Geneva, and the discoverer of this "tincture" or "oil," gives it in thirty to thirty-six-drop doses, in sirup or castor oil, or in pills, one half at night, and the other on the following morning; and, two hours after the morning dose, ℥ij *Ol. Ricini*. This quantity is usually sufficient to expel the worms. I have given it on a lump of sugar, and no child has hitherto revolted against it. It has had three results; either it has killed or *burst* the worms, or it has urged them from the bowels alive, or it has had no effect at all. My worm cases as yet have been too few to develop its powers, and the preparation used was made of dried stalks and buds obtained from Covent-garden market, and not worth relying on. A herb-gatherer from the Forest of Dean brought me about a peck last month, the tops or buds of which have been snipped off, and, after drying by insolation, put into a quart of ether. This person, an intelligent sort of woman, informs me, that her grandmother, Sarah Boughton, in my father's parish of Ruardean, who died, aged seventy-five years, about twelve years ago, and was what the country venerate under the name of a "yarb-woman," was wont to gather the male fern buds, and let them wither, and then dry them in an oven and reduce them to powder, which she gave to children for worms. Her grand-daughter also bruises the stems (the redder the better), boils them to a thread in fresh liquor, and so makes an ointment, with which, she says, she scatters gathering breasts with great success. In this part of the country, fern is boiled and given as food to pigs.

Madame Noyau, or Noyer, raked up the powder of the root from the tombs of the ancients, and procured a reward for it from the French government as *her* specific, forsooth! This woman, like a great many other people who pretend to have discovered what was very well known before, had the fame of having brought it into notice,—I apprehend, from the good luck of being about great people and the Court.

Nicholas Culpeper, who lived long before her (from 1616 to 1653), but was not quite so conspicuously situated, anticipated her in all she knew of it in cases of teniæ, for he distinctly says, "It kills both *flat* and *round* worms." William Salmon (1684) says, "It kills *long flat* worms, drunk in mead with gr. x of scammony, and so it expels the dead child, and helps obstruction of the spleen." (*New London Dispensary*, 1676, pp. 56-7). In his splendid folio Herbal (1710) he directs ℥j of the powder of the male fern to be given with gr. xv of scammony in black hellebore. Whether old Gerard, who wrote in Elizabeth's reign, and whose placid discourse savours of "the sweet and pleasant flowers" which he describes, anticipates these qualities of the fern, I am not aware.

In these days of medical reform I cannot pass over two sturdy old reformers like Salmon and Culpeper, without digressing to give some notice of their characters. They were as much wonders of industry and usefulness, as they were conspicuous objects of collegiate obloquy and oppression. Salmon shares the credit with Bate and Fuller, in pharmacy, of adding lustre in his time to English medicine; while Grew, Lister, and the philosopher Ray, improved the science in botany and natural history. The younger Duncan has acknowledged the value of his labours in clearing the way in pharmacy and materia medica. The college legitimates waged with him a perpetual war; and dragged him, as well as I remember, through two or three orthodox prosecutions. As the case has ever been with that institution, the members distinguished themselves more at that period by the illiberal exclusion, and ofttimes the malevolent persecution, of men of superior powers, except only those whose particular position and eminence rendered their hostility formidable, and their admission politic and expedient, than by anything that they affected themselves, collectively or individually, for one branch of medical science or another. No names of contemporary English physicians of any worth have survived, saving Radcliffe, Friend, and Mead. The accomplished Garth, who has the merit of candour, said of them,

"But now no grand inquiries are descried,
Mean faction reigns where knowledge should preside.
Feuds are increas'd, learning is laid aside,
The drooping sciences neglected pine,
And Pæan's beams with fading lustre shine.
The lonely edifice in sullen sweats complains
That nothing there but sullen silence reigns.
* * * * *
No learn'd debates molest their downy trance,
Or discompose their pompous ignorance;
But undisturb'd they loiter life away,
So wither green, and blossom in decay."

At the same time that their dulnesses were the stigmatizers of Sydenham as a dan-

gerous innovator on established practice with much personal and illiberal invective, they were, numbers of them, the dupes of the crafty and audacious Valentine Greatrakes, the magnetizer,—a degree of folly of which they have furnished another instance within the last quarter of a century in the case of Perkins and his tractors; and which, in the instance of Perkins's predecessor, joined to their conduct towards Sydenham, brought peculiar shame on their country. Dr. Thomas Fuller, M.B., of Cambridge (1709), a spinner of some cobwebs on the fluids, was one of Salmon's enemies, and says of him that "he was an ordinary man, and of no university." If so, how much more was his merit to have accomplished, in therapeutics, what certainly a whole college failed to achieve! Garth, speaking sarcastically of one Birch, a popular apothecary, says,—

"Cowslips and poppies o'er his eyes he spread,
And Salmon's works he laid beneath his head."

Salmon's books, indeed, are still sought by some practitioners and the public in the country. He was a practitioner, and a professor of "extraordinary cures," of no moderate popularity, in London, where he resided in Fleet-street, but had to endure the obloquy which attaches to irregularity. From the reign of the merry monarch to that of Anne, the country was full of medical quackery and imposture, notwithstanding the College, which has done little or nothing at any time to check it. Salmon, no doubt, adopted the particular system of the day; and one would think, from the long prayers and ejaculations which, like some of our modern saints, he set up for his patients and himself, and intermingled with his cases and prescriptions, that he had lived in a reign before the era when the rapine and hypocrisy of puritanical principles had been so far unfolded as almost to induce the people to feel a contempt for religion altogether. He endeavoured to work upon the superstitious as well as the religious prepossessions of patients, by mixing horoscopes with the prayers and prescriptions, and to inspire a feeling of reverence by surrounding himself with the mummies, tortoises, scaly alligators, sharks' heads, flying fish, musty drugs, dried bladders, and drawn teeth, painted in the verse of Pope's first patrons, and by all those bygone modes of imposing upon the immortal principle of delusion in the highest and lowest classes of society, which have given place to other methods of quackery and hypocrisy, different in form, but equally successful in practice.

Nicholas Culpeper "Gent., Student in Physic, and Astrologer," was certainly inferior in science and learning to Salmon, but his "Herbal" is always to be found with "Robinson Crusoe" and "Pilgrim's Progress" in the houses of the vulgar, and of some of the higher sort of the people. Books like his and Salmon's, have this great fault, that they attribute a long list of indiscriminate virtues alike to powerful and inert plants, and confound their characteristic and peculiar qualities with such as they do not possess. From the popularity of his writings, some of his attacks upon the College have made a considerable impression even to this day. He was born in 1616, and became an undergraduate of Medicine, but left the University, from want of funds, without taking a degree. He was then apprenticed to an apothecary, and fought and was wounded in the battles of Cromwell in 1643. He died from the slow consequences of his wounds in 1653-4 in his 38th year. He practised in Red Lion-street, Spitalfields, at a house which, about 38 years ago, hung out the sign of the "Red Lion." He was conceited and full of jests; always poor, "being as free of his purse as his pen," and considered as an oracle in astrology As is said of Hippocrates, Galen, and Avicenna, he looked on all pretenders to physic, who were ignorant of astrology, as homicides. He had to combat with colleges, physicians, and a host of opponents Besides the "Astrological Judgment of Diseases" from Avinezer and Durret in 1650, the "English Physician" in 1652, and the "School of Physic," which were replete with the obsolete doctrines of astrology, he wrote 76 other books, for 17 of which he was paid by Cole, a bookseller. "Culpeper's Legacy" was a forgery, not written by Culpeper, but it *sold well notwithstanding*. In the "Mercurius Pragmaticus," a paper of the Royalist Party in 1649, his opponents politically and professionally give him a character, with a public caution, which for bitterness and scurrility the modern Tory newspapers could not well exceed,—if indeed they would venture to publish, in a man's lifetime, in the present day of the so-much-boasted liberty of the press,—a liberty nothing like so great in practice as it was during the last century up to the French war, when liberty in every sense went out and despotism walked in. "The London Dispensary," says the *Mercury*, "was done filthily into English by him, in which to supply his *drunkenness* and *leachery* with a 30s. reward, he endeavoured to *bring into obloquy the famous solvatives of apothecaries and chyrurgions*" and "gallimafred the Apothecaries' book into nonsense." He took upon him also "to *correct* and *abuse* in the most grosse tearmes *the whole college of*

learned physitians." He was bound apprentice to an apothecary at St. Helen's in Bishopsgate-street, but "ranne away, contented with serving his own time, which was very short." He then "turned compositor and figure flinger (cunning man and planet ruler), and lived about Moorfields, merely upon cozenage and cheating the poor people who had lost their waistcoats, aprons, smocks, &c." He successively "turned Independent, Brownist, Anabaptist, Arminian, and Manifestarian, and, lastly, absolute Atheist." In this Culpeper went no doubt with the fashion of the day, and acted, as Sir Walter Scott says of these matters, in compliance with his private interests, for there were 180 "religions" preached around London, and as many in the kingdom as there were days in the year, to keep up a beautiful spirit of national good taste, harmony, and intelligence. "He appears in an old black cloake lined with plush, and looks as if he had been stewed in a tanpit, being a drowzie-headed coxcombe, not worth the name of a gentleman or scholler, and such a one as the people have cause to take heede of, in that he means to monopolize unto himselfe all the *knavery and cozenage that ever an apothecarie's shop is capable of, under the show of serving, though really undoing, his country.*" A pretty good sample this of what those who protect and thrive by the abuses of established institutions are capable of saying, and of the fate which reformers must always expect to receive at their hands!

To resume, after this digression. The female fern has the same properties as the male, but is weaker. I have not entered all my worm cases in the case-book; some, however, are preserved.

On March 29, 1834, the four children of Thomas Preece, of Brampton Abbots, were ordered to take eight pills twice a day, each pill consisting of a bitter extract, and containing gtt. j of the ethereal tincture of male fern buds. The worms came away dead and "bursted" from all of the children, who then took a purge of salts and senna, and, on April 5th, another round of the fern-drop pills. On May 7th the mother told me they were free from all symptoms and appearances of worms, and they were directed to take a teaspoonful of common salt in water once a week to remove the disposition to them.

On the 24th March, 1825, Mary Nelms brought her two children to me for worms. I ordered them to take gtt. x of the ethereal tincture of fern buds three times a day on a lump of sugar, and a x gr. purge of scammony, gamboge, jalap, and calomel, every third morning. One of the children after taking the drops voided six worms, one after another, alive; the other a still greater number.

On the 9th of March preceding, Joseph (æt. 2) and Mary Jackson (æt. 5), George Meredith (æt. 9), and Elizabeth (æt. 2½), took the same remedies, and passed quantities of thread-worms (*cucurbitina*) after taking the powders alive. I then ordered them to take muriatic acid.

Ann Mansell came to me on the 14th of April last, with three children,—Marianne (æt. 5), Esther (æt. 2½), Joseph (æt. six months): she had "seen worms full of young ones" come from the first two. I ordered them the preceding remedies, but they passed nothing except slimy mucus, which frequently exists without worms, and is attended with the same symptoms.

On the 7th of May, Charlotte Meredith brought her two children again; a boy æt. 4, and a sucking infant. The last had passed worms *while at the breast*. The fern-bud tincture was given till the 4th of June without effect, and I then ordered calomel to be taken at night, and scammony and jalap in the morning, which removed them. She thought she had given the tincture in a wrong manner, as it had fully succeeded with Jackson's children under the same roof. Both these families lived in a situation where they were constantly subject to worms.

It is not known, I believe, that iodine will kill worms. Thomas Greenaway, æt. 23, affected with phthisis and pyrosis, of which he ultimately died, inhaled Sir C. Scudamore's combination of iodine (a remedy from which no consumptive patient under my care has received the slightest benefit, but, if anything, rather, harm), upon which he passed white worms an inch long, with flat heads (*cucurbitina?*). I gave him,—℞ *Sp. Tereb. Rect.* ℥j; *Ol. Ricini* ℥ss; *Liq. Opii Sed.* gtt. vj. M., ft. haustus. It brought away upwards and downwards the *debris* of at least fifty dead worms of three sorts, all of which appeared to have been killed from the time he inhaled the iodine. He lost a dreadful gnawing of the stomach, which had been ascribed to gastrodynia, and upon which the old writers laid so much stress as a characteristic symptom of worms in occult cases attended with convulsions.

The gipsies put a branch of French holly (variegated garden holly), with the leaves and thorn at the end, into an oven and dry the leaves, and then reduce them to powder, of which they give as much as will lie on a sixpence five or six times, and report it to be a sure vermifuge.

The foresters of Dean give the bear's foot (*helleborus fœtidus*) in a sufficient dose of the dried leaves to cover a sixpence. It was recommended by Schroder

and other old writers, and is mentioned by some moderns as "possessing extraordinary anthelmintic powers," but it is violent and dangerous, according to the former, to "gross bodies," and to all except "strong bodies." Gunpowder in gin (3j to 3j) is considered a popular and effective anthelmintic, in some counties, particularly, I believe, in Cornwall.

The extract of esula or sponge was the general worm-remedy of the old physicians, who ascribe great cures to it. The drastic purgatives are commonly used in the country by medical men, but are very uncertain; they serve to remove the mucus in which the worms exist, and expose them to the action of more direct anthelmintics.

What are the causes of invermination?

Herefordshire is quite a worm country, among the labouring classes, on the hilly parts in this neighbourhood, though they have places of their own, tenements and gardens, and some orcharding or arable, taken out of the waste, and are nothing like so ill fed, clothed, and employed, as their own order in many other counties; they are rather, generally, a relic of the almost extinct race of English peasantry. But there are very few of their children that are not possessed of worms, putting one in mind of Swift's lines:—

> "Whatever we do, whatever we see,
> All mankind are worms."

The worms come alive at the same time, in many cases, from the mouths and ani of grown persons and children, which happens, according to Dr. Robert Dyer, among the blacks in the Mauritius. Professors and authors ascribe them to bad air, bad food, want of sun, vegetables covered with larvæ, and bad water containing the small germs of them (*Professor Elliotson*), and invisible ovula floating in the atmosphere, obtaining admission into the alimentary tubes of persons, chiefly children and sickly adults, whose animal fluids are in such a state as to form a proper medium for their growth and increase. (*Anon.*) Many persons, on going to particular parts, have suddenly been subject to worms, just like other people in that particular neighbourhood. Persons who have drunk bad water, have frequently from that time most decidedly had worms. In a particular family the whole, as well as the servants who came, had ascarides. They were discovered in a well, from which the people drew their water, and went away on the people ceasing to drink the water. (*Dublin Transactions*, Vol. II). Drs. Thompson and Ricketts give the case of a young woman in Ireland, "who drank water from the graves of pious clergymen!" This idiot, by way of a blessing upon holy-water drinking, threw up 700 larvæ of the common beetle and of diphtherous insects, and, in the course of a year and a half, 1300 more! The larvæ of cheese and game, called hoppers, and of the pantry fly and beetle, may be introduced and flourish in debilitated stomachs and bowels. (*Good.*) Preece's wife, whose children's cases I have mentioned, told me, that for want of any other water they were obliged to drink brook water, which, after a time, was covered with floating appearances, to which she attributed the generation of worms in her children. But if they were taken in with the water, how did it come to pass that she had a child *at the breast* so full of worms that they crawled alive out of the mouth and anus, as if the child was eaten up by them? The irritation and convulsions which ensued were fatal. How could this child, nourished with breast milk, or with pap made with boiled water, so derive them; or how does it happen, if water be the chief cause, that worms are quite as common where the water certainly is not blame-worthy? If children at the breast have worms, the saying of John Wesley, who collected into his "Primitive Physic" all the old women's sayings and "*deeper't* good *receipts*" in the country, that "worms are never found in children that live wholly on milk," is not true. Bad diet, the eating of trashy fruit and vegetables, the lying about of filth and decayed animal and vegetable matter covered with larvæ, faulty nutrition, vitiated secretions of the mucous membrane of the stomach and intestines, and peculiar states of health, in which, nevertheless, ruddy cheeks and animal vigour may not be wanting, certainly predispose to worms; but still the question, "Whence come they, and how do they get there?" is not solved.

Ross, Herefordshire, July 25, 1835.

EFFECT OF CEREBRAL DEVELOPMENT ON THE

SEX OF THE FŒTUS.

To the Editor of THE LANCET.

SIR,—It has been a question among physiological writers, by what means the human embryo, which in its earliest stages presents no appreciable distinction of sex, becomes, as it approaches a state of fœtal maturity, gradually and distinctly developed into male or female; and a variety of the wildest and most ridiculous opinions have been broached by a set of philoso-

phers whose wisdom would have been much better employed in the observation of facts and natural analogies.

In considering the whole animal kingdom, from the aquatic animalcules up to intellectual men, we are convinced that the various yet regular degrees of perfection and capability of enjoyment with which they are endowed, result from a corresponding degree of development of one great system—the nervous. Wherever we find a marked accession of strength, of complicated mechanical arrangement, of sensibility to external impressions, and an incipient power of judgment (or instinct), in any family, or individual animal,—there do we as certainly discover an increase of nervous matter, and a more complex and artificial arrangement of its parts.

In the higher vertebrata we have at last a docility, and an absence of *vegetative* existence—nay, in some instances a fondness for the society of man himself—all indicative of an intellect, and marked by a corresponding *cerebral* development, which is gradually rising to its perfection in the mind of man. I would particularly lay stress upon the development of cerebrum as the only true criterion of perfect existence; as upon this depends the validity (or otherwise) of the opinion to which I have come, viz., that the distinction of sex in the human family is originally made by the greater or less deposition of *cerebral* matter in the embryo.

Phrenologists have proved that the difference in character of man and woman is caused entirely by the development of the intellectual and emotional faculties—the latter being more considerable in women, and vice versâ—and that the more a man's *cerebellic* faculties are enlarged, the more does he partake of the warm feelings and passionate temperament of the female sex; who, on the other hand, when their *cerebral* organs happen to be most developed, gradually approach in intellectual power to man's standard; but at the same time lose the peculiarly feminine softness and grace of their less intellectual (cerebral) sisterhood.

From these and other considerations, it appears to me that we may conclude the difference in sex, so remarkable in the adult, to be owing to the original cerebral development, and consequently that every male is, during one period of fœtal existance, in a state of cerebral development, which, if retarded, or only perfected, by the end of the period of gestation, would constitute a female—in other words that a female is an imperfect but a near approach to a male—and a necessary gradation between man and the higher classes of intellectual animals. We know that the fœtus in utero proceeds, from a mere point of animal matter, through all the various degrees of existence enjoyed by lower animals, until it reaches at last that perfection of vitality which cannot exist but in a rarer medium than the liquor amnii, and that therefore it is thrust forth by the action of the uterus, induced probably by some change in the placental blood, acting as the proper stimulus to the nerves which supply the contracting muscular fibres of the uterus.

Also we know that until an advanced stage of fœtal existence there is no apparent difference of sex; in fact, that this difference is not settled until a certain point of cerebral development is attained.

These two facts of the gradual perfection of existence in the fœtus, and its late distinction into a settled sex, would seem to favour the opinion I have formed; and I doubt not that there may be many other circumstances which would bear upon the subject, which either I am ignorant of, or do not just now remember, but which may be familiar to some of your readers who are better able to form a correct decision on the matter than I am. I remain, Sir, your very obedient servant,

PHILONEURON.

Leeds, July 26, 1835.

PUBLIC BATHS.

To the Editor of THE LANCET.

SIR,—If there be any position in physical science which cannot be doubted, it is that which says that cleanliness is essential to the preservation of health. However other doctrines may be disputed, this cannot be; and whoever may have visited the habitations of the poor, must have seen that a large proportion of those diseases which are *supposed* to be incident to their station, have been caused by the neglect of personal cleanliness. I do not say that they do not wash their hands, faces, and feet, at stated times; but the doing of these things, and they are neglected by too many, does not constitute cleanliness; for a man may wash his face and hands, and keep them perfectly clean, whilst the other parts of his body are neglected altogether. This arises in a great degree from a dread of water, which many persons possess; but in most cases it arises from the want of public baths,—a want which has engaged the thoughts of many; but their advocacy has not produced the desired effect.

It may be said that there are several places open to the public, such as "the

Serpentine," &c., and that there are, I cannot deny. But it must be recollected that they are only open to the public at certain hours which are most inconvenient to the labouring population,—that the distance is too great for a working man to compass within his "spare hours," and that there are many disadvantages connected with them. The Serpentine, for instance, is above two miles from the most central part of London, and no one is allowed to enter the water before nine in the evening, or after eight in the morning. And besides this it is one of the most dangerous pieces of water with which I am acquainted; deep hollows are constantly entrapping him who stays near the shore; cold springs are so frequent, that the swimmer invariably becomes acquainted with the cramp, if he was never introduced to it before; and, in short, the constant attendance of the Humane Society's boats, shows that it is an unfit place for bathing. Such is the Serpentine, and the picture will be found to embody correctly the characteristics of all similar places.

There are, it is true, subscription baths where these evils do not exist; but to all who are acquainted with the wages of a working man, it must be evident that the charge for admittance is far beyond the limits of his purse. Were he to bathe each day, he would have to deduct seven shillings per week from his scanty earnings, and thus the benefit derived would be purchased at the expense of the necessaries of life.

I have thus shown the evils which are connected with the present bathing places,—evils which I think might be obviated by the establishment of Public Baths, through the aid afforded by a Parliamentary grant. The necessaries for bathing are all around us; even the most insulated manufacturing town is not without them, whilst in agricultural districts they abound. In London the expense would not be great. Much less than has been wasted on crude empirical schemes would serve to perpetuate them. Springs abound: the cost would consist in digging them and in building places to screen the bathers from public view. But if there be no probability of our obtaining a Parliamentary grant for this object,—and this question must be agitated before there will be,—a society might be established for this purpose. Of course a small charge might be made for bathing,—such as would meet the pockets of the people, and pay a small interest on the capital invested. That such a plan, if carried into effect, would pay, I have no doubt; all subscription baths have prospered,—why should not one established on a more popular scale succeed?

Much more might be said on this subject, but let what I have written suffice. The advantages of bathing are evident to all in a moral and physical view. The people are not a pigmy race. As fine forms and noble proportions are to be found amongst Englishmen, as ever Phidias modelled or Raphael drew; but how much more would this beauty be increased by personal cleanliness! True beauty of form may be preserved without, but it would be increased and rendered durable by bathing. I trust that these remarks will meet with your approval and support, and I remain, yours truly,

E. J. Hytch.

New-court, Carey-street,
August, 1835.

REPLY OF

DR. FOSBROKE TO DR. COX

RESPECTING

COMA SOMNOLENTUM AND THE CAUSES OF LETHARGY.

Sir,—I find in The Lancet, of June 27, some strictures on my case of lethargy (Lancet, June 13), by Dr. Cox, of Great Yarmouth.

Instead of controverting my opinions, he has misunderstood and misrepresented them; and, unless he had done so, there could not have been so much as an attempt at controversy. So plainly do the misunderstanding and misrepresentation speak for themselves, that I cannot help thinking he has not read what he is writing about, or read as

> "—— swift Camilla scours the plain,
> Flies o'er th' unbending corn, and skims along the main,"

with a rather dim and shadowy view of objects in his flight.

"England and France," says Voltaire, "went to war about a window." *Componere magna cum parvis*, I suppose two doctors must go to war about a word; for Dr. Cox seems to dwell much on the term "Coma Somnolentum," which I placed after the word Trance, with an ["or"] between, in the title only of the case, and nowhere else, as if I attached great importance to it; a point completely assumed by him, apparently to give full effect to a definition which he has quoted from Boerhaave, and of which he is enamoured. I will give,—

I. *Boerhaave's definition.*—Coma Somnolentum, a disease in which *the eyes are*

opened and the patient *answers questions*, so long as the individual is excited.

To this definition of the Coma Somnolentum I will add four more:

II. *Chomel's definition.*—"The condition in which the patient *speaks when awakened*, and is *silent* and *motionless in the intervals*."

III. *Rostan's definition.*—The patient speaks only when wakened up.

IV. *Several English authorities.*—Coma Somnolentum is, when the patient continues in a profound sleep; and, when awakened, immediately relapses, *without being able to keep open his eyes.* (*Mark that!*) Nothing about the eyes being open, as I understand Boerhaave to say! Very well; I admit that these definitions and the symptoms of my case do not correspond; but there are other oracles, and therefore I give,

V. *Good's definition.*—The Lethargy Cataphora, or Remissive Lethargy, "attended with short remissions or intervals of imperfect waking, sensation, and speech," is *the Coma Somnolentum* of *many* writers.—Vol. iv. pp. 621, 2.

If this do not define as nearly as well may be the case reported by me, I know not what could define it. And, besides, Good gives a case under the term "Coma Somnolentum," corresponding to Mutlow's.

There are six different sorts of morbid sleep defined by nosographists.

First, there is Simple Somnolency—a state between sleeping and waking, which permits neither one nor the other. (*Chomel* and *Rostan.*)

Secondly, the Coma Somnolentum, or Comatodes, already defined.

Thirdly, the Coma Vigil or Coma Agrypnodes of delirium, in which the patient *opens his eyes when spoken to*, and *shuts them again immediately* (*Chomel*); and "seems to dream and is delirious." (*Rostan.*)

Fourthly, the Sopor or Cataphora, a stupid and heavy sleep, the waking up from which is difficult, two phenomena taking place in a great number of maladies, and not peculiar to any. (*Chomel.*) "These expressions," says Rostan, "are very little used in the present day: the word *coma* is much more customary, and designates a more stupid and heavy sleep than sopor, but *from which the patient may still be aroused.*

Fifthly, Lethargy, a still more profound and continued sleep than the comas, from which it is *not impossible to arouse* patients; but they forget what they say, and promptly fall back into the same state: and this is the definition given by some English authors of "Coma Somnolentum."

Sixthly. Carus is complete insensibility, from which nothing can arouse the patient even for an instant, the symptoms occurring in cerebral diseases. (*Chomel and Rostan.*) As nothing could awaken Mutlow, the "carotic" definition would have explained the case best.

These six species have all some analogy to sleep, of which they are in some sort only an exaggeration (*exagération*). (*Chomel.*) Lethargy and carus imply the more profound degrees. (*Rostan.*)

Who is to decide where doctors disagree, or who is to choose among distinctions almost without a difference? I put the term "coma somnolentum" into the first copy of Mutlow's case, after some hesitation whether it was worth while to affix it or not, with a *caret*, which certainly did not much look like "overstepping the modesty of nature." I was content to take it, out of deference to Good, and "the many," from among the strange jumble of terms, to each and all of which very different meanings are attached by various learned pundits, as may easily be shown at the cost of a very superficial draught from the Pierian spring. But what, as Cowper says, avails letting buckets down and drawing nothing up? Verily, I was ignorant of the uncommon value attached by Dr. Cox to its signification,—of the gloss and comment it was capable of bearing, and of the outrage committed by it on the body and substance of pathological definition, and perspicacity in application to the particular case. But bright is the sunbeam which has been extracted from the cucumber!

In my opinion the natural arrangements of Pinel and the French nosographists are preferable to the artificial systems. I think with Dr. Armstrong, that the school of doctors who interpret diseases through nosological, instead of anatomical eyes, become blundering blockheads; that is, to use Armstrong's language, "those practitioners, who still pursue the nosological method of affixing to certain symptoms an abstract name, without a knowledge of the condition with which they are connected." I never turn over the leaves of the "Study of Medicine," without flying into a rage with the difficulty and perplexity of finding out the facts and descriptions, and separating and discriminating them from the barbarous jargon by which they are concealed and confused, through the nosological mania of the learned author.

In the next point it appears to me that Dr. Cox having treated a lethargy, of plethoric character, successfully by deple-

tion, I have unknowingly given a shock to his *amour propre*, by "elbowing bleeding to one side," with notes of admiration attached to cases signalizing the ill-success of the practice, but arising from a different cause from plethora. God give him "grace not to read but understand;" for what have I said?

"As to the treatment of lethargy, Mason Good observes, that when the disease, as is mostly the case, is one of nervous and especially of general debility, and is characterized, as he reasons, by a feeble and irregular distribution of nervous power, and loss or disturbance of the balance of the nervous system, a reducent plan is wrong. It is wrong in every case, which does *not clearly depend on plethora and congestions*."—(*See* LANCET, *June* 13*th*.)

Is this condemning bleeding wholesale and without discrimination?

When a physiologist finds that sleep is naturally the effect of debilitating and exhausting causes; that protracted sleep follows hemorrhages; that it follows the revulsion of blood from other organs to the stomach for the purpose of digestion, and for the purpose of concentrating the nervous energy after gluttonous feeding; that it occurs when nature is directing her force, and carrying the circulation towards the uterine system to effect its development in languid frames; that it is the consequence of the excitement and exhaustion of fevers; that it is the result of debility and age,—he cannot but see the whole force of the above proposition. I, at least, cannot but see its force, and feel warranted in concluding that lethargy may spring from a want, as well as from a fulness, of circulation in the brain. Knowing that depletion failed in all the cases which I cited, I feel that the proposition is strengthened. As to Mutlow's case being a plethoric case, as Dr. Cox would wish to infer, it will not do. The pulse, the general history of the case, the pallid external appearance, the absence of all the symptoms characteristic of plethora, the complete failure of the bleeding and cold affusion, are conclusive that it was not a vascular case. The hap-hazard, hit-or-miss, random practice of bleeding in that case, in ignorance of the cause, put me in mind of the forward, bold, positive thruster-on, swollen with the poison of his own opinion, as if he were the acmé and top-branch of the profession, and, right or wrong, go on; if for want of aim or a steady hand he should hit the wrong mark, and kill the patient instead of the disease, it should no more trouble him than if he had fired at a flock of geese.

But I do not deny, on the other hand, that prolonged sleep may be caused by "vascular turgidity." It may be, as Chomel observes, "prolongé dans quelques maladies accompagnées d'une *légère congestion cérébrale*." I enumerated it among the causes, and I gave Mr. Brewster's striking case in which it was the cause; but Dr. Cox has missed the passage in his Ogre strides,—in his Lightfoot's "shoes of swiftness." I do not deny that it was the cause in Dr. Cox's case, though the case reads something like the prolonged states of sleep and insensibility which we meet with in some hysteria and chlorosic cases.

The Doctor complains of the confusion of cases and causes in my paper, created by my showing all the causes of irregular sleep, and all the analogies of lethargy to other related affections. If he will read (but not as if he was racing for the Oaks or the Derby) Good and Prichard, whom I have quoted, and numbers of others, whom I have not quoted, he will find that the subject is full of confusion, and that the whole family of lethargies, catalepsies, &c., run into each other by various degrees of transition, which also is confirmative of their nervous pathology.

There is really no further ground of controversy between Dr. Cox and myself, unless he is prepared to contend, against host of authorities, that lethargy never arises from nervous debility, and is always to be treated with depletion; a doctrine that I do not suppose any man in his senses is ready to espouse.

I am, Sir, yours, &c.

JOHN FOSBROKE, M.D.

Ross, July 29th, 1835.

ABSTRACT OF THE EVIDENCE OF

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON,

TAKEN BEFORE THE

PARLIAMENTARY MEDICAL COMMITTEE IN 1834.

EVIDENCE OF

SIR ANTHONY CARLISLE.

(Concluded from page 570.)

422. "Do not the seniors, as they grow older, forget their knowledge of minute anatomy?"—"It is impossible, unless their faculties fail them, that they should forget the great leading features of anatomy. When we see such a man as Prince Talleyrand the most acute and powerful-minded man in Europe, although turned of 80, I

think we may say that a man at 80 might be a member of the Court of Examiners of the College of Surgeons."

423. "If you were to divide an assembly of 90 men, the age of whom was 36 years and upwards, into 10 seniors and 10 juniors, in which party would you seek for the men in the greatest vigour of their faculties?"—"I think, for the purpose of examination, the old men, if temperate and healthy. I would say, that the men who are the eldest in our Council at this time, have not had their faculties deteriorated since I knew them. Unless intemperance* or disease arrest his intellectual records, a man accumulates wisdom till he dies."

424. "Was not the *Westminster Hospital* so recognised that the Council was accused of breaking through its own regulation to benefit its own members?"—"I believe that a liberal allowance was made in favour of that hospital. It is the most ancient subscription hospital in the kingdom, and Mr. Cheselden operated there, and several other men of great eminence."

425. "Were not all the surgeons of the Westminster Hospital examiners in the College of Surgeons?"—"They were, I believe, but it was by pure accident."

426. "Do you approve of excluding from the Council, members of the College who practise midwifery or pharmacy?"—"Their pursuits and habits of business are widely different from those of surgeons. Such offices are derogatory to the dignity of persons who are to be rulers in their profession."

427. "Is it not often necessary, that the practitioners in midwifery should perform dangerous and hazardous surgical operations?"—"So they say. Perhaps, I think a little differently, and that more surgery is introduced into midwifery than is really necessary. I am not much supported in my way of thinking, although many are of the same way of thought who dare not avow it."

428. "Are there not cases in midwifery, where the patient must either die, or undergo some artificial succour?"—"I have had no experience, except when called in by others; but then it has turned out that some obtrusive mistake, some specious interference, has first happened, either destructive to the life of the child, or found afterwards to have been unnecessary. In the whole empire of China there are no women-midwives, and *no practitioners in midwifery at all*."—There is such a thing in evidence as "proving too much." The foregoing is an amusing instance of that unwary event.

429. "Do such countries afford an example for us to follow?"—"I understand from Captain Ross, that among the northern Esquimaux the females go to work, and lug the child about in a bit of a bear-skin, an hour or two after it is born. I have not heard that there is any scarcity of human beings in China."

430. "Is it a fair inference, that because no succour is necessary, therefore it is not wanting where parturition is difficult?"—"There is a slight exception to that in our own country."

431. "Is it below the dignity of the Council to receive accoucheurs into its body?"—"I consider it derogatory to any liberal man to assume the office of a nurse, of an old woman; and that it is an *imposture* to pretend that a medical man is required at a labour. The *craft* therefore involves imposture, mischievous interference, and gross indecency. The men-midwives have recourse to surgical operations, to make themselves in request."—This is the Anthony Carlisle who has sold or lent his name to puff a quack magnesia in every newspaper in the kingdom; or has given it in return for the advertisement of himself and his address throughout the country. "Dignity" and "imposture" are words that befit his mouth, truly.

432. "Ought general practitioners to be remunerated by charging for their medicine, or for their attendance?"—"I do not see why an apothecary should not be paid like an attorney, being legally entitled to demand his fee for his visit, and finding his drugs into the bargain. All men also should be paid in proportion to their experience and standing. I would have surgeons begin to be paid, say 5s. a visit. I do not hesitate to say that when I was 24 or 25 years of age, I did not deserve a guinea as a fee, in the same way that I do now. I should have been well paid at 5s. or 10s.; and so as to a physician. A physician beginning practice, who has his business to learn, if you give him 5s. is well paid: and if you give the apothecary, who is a sub-physician, 5s., and he finds the drugs, and does all the little ministrations, he is also well paid; or even by a less sum, in early practice."

433. "Do the most eminent surgeons in London confine their practice to surgery?"—"No; they practise also as physicians; and physicians do not scruple to take fees in surgical cases, and it is expedient that they should do so. The distinctions between what ought to belong to a physician and what to a surgeon, are quite undefinable. The most extensive class of dangerous diseases is of the inflammatory kind;

* Sir Wm. Blizard, for instance, has been a three-bottle man all his manhood.

and as the surgeon possesses the most enlarged experience in observing the progress of external inflammations, and of knowing the effects of treatment, he also is best able to judge of inward inflammation. No definite line can be drawn in practice between medical and surgical diseases. For example, in a syphilitic disease, there are constitutional symptoms and there are local symptoms. I will take another example. Physicians say that they claim all internal diseases. Suppose a man has a diseased state of the lower intestine. If it is out of the reach of the finger, it belongs to the physician; but the moment it comes down and is within reach of the finger, it belongs to the surgeon, and thus it falls within the charge of the physician at one hour, and of the surgeon on the following."

431. "Have not many general practitioners in the country occupied important situations in the country hospitals?"—"They have, as for example, Mr. White, of Manchester; Mr. Bainton, of Bristol; Mr. Hey, of Leeds; and a man who practised both as a physician and a surgeon, Dr. Kirkland, of Ashby-de-la-Zouch; but if Mr. Hey, or Mr. White, or Mr. Bainton, had lived in London, I think the collision of metropolitan society would have made each of them greater men than they were."

435. "What is the number of surgeons in the *Westminster Hospital?*"—"The standing regulation is, that there shall be three surgeons; but that law has been broken through, by a sort of violence, principally by a person who was rather above the law, as I believe, and they have made four by assault, or surprise. The house surgeon is the dressing surgeon; and he pays 100 guineas, of which 40 go to the hospital for his board and accommodation in the house, and 60 *are divided among the four surgeons.* He usually holds it a year, *in order to learn that part of the profession.*"—The rule of London Hospital appointments is here well exemplified.

436. "Do you approve of the mode of electing physicians and surgeons to the London hospitals?"—"I do not know that sufficient care is taken by the governors and the trustees, or other electors. But when men have subscribed their money, it would be difficult to control them as to their choice."—The witness's colleague, Sir Astley, has said, that no men are so fit to make the appointments referred to.

437. "Do you approve of the mode of appointing the teachers to the London schools?"—"I think that no school of anatomy should be within the walls of an hospital, because it has a bad effect on the minds of the patients."—Other witnesses from the Council have said, that no school of anatomy ought to be allowed to be established beyond the walls of an hospital.

438. "To require a knowledge of classical medical writers from a young man when he comes up as a candidate for a diploma, or degree, is it not to misdirect his studies?"—"Entirely so. For the reading of Hippocrates, Galen, or Celsus, in the way of educating a physician or a surgeon, is *perfectly absurd.* I believe that Hippocrates, Galen, and Celsus, would all be turned back in five minutes by either the College of Surgeons or the Company of Apothecaries: since if asked about the circulation of the blood, they would answer that they never had heard of it."

439. "Would not examination before one general board be preferable to the present mode?"—"My humble opinion is, that a special board, consisting of two or three men of the College of Physicians, and two or three of the College of Surgeons, to control so large a body of men as the general practitioners, would become a job, a source of sordid patronage. I know one instance where that has been done upon a very large scale."

440. "What do you refer to?"—"The Vaccine Board was productive of a great deal of profit to one of the persons who held the appointment of naming the vaccinators at 50*l.* or 60*l.* a year, *for they all called in that person to consultations; or else they might not be reappointed.*"

441. "In constituting a board to examine candidates for general practice, should delegates from the College of Surgeons and the Society of Apothecaries each examine in those departments of medical science with which they are severally considered to be most familiar?"—"I think that it may be better conducted by two separate boards as it is now; for if he was to get a slight examination in surgery, and an equally slight examination in physic, I think he might, if he went through only one examination at one board, be an imperfectly qualified person in both. I do not see where you are to draw the line with regard to surgical qualification. A country practitioner has all the accidents that befal mankind, and every surgical operation which can be needed to preserve human life, is liable to come under his charge at a moment's notice; and he should be equal to them all. When I was an apprentice to a surgeon at Durham, fifty years ago, we founded a small hospital there. At that time, even the minor operations of surgery, although there were six surgeons in the town, were

all taken to Newcastle-upon-Tyne, sixteen miles distant; cases even from the workhouse, and all persons that might require an operation, such as that for hernia, who were not carried to Newcastle, or who could not afford to pay a Newcastle surgeon for his journey to Durham, *perished*. There was not a surgeon at Durham until that hospital was instituted, who would undertake to do a simple operation. They attended fractures and dislocations; but an operation of any difficulty, or that required cutting, was not performed in the city of Durham. With regard to public examinations, I have to say that a number of candidates come before us, whom it is quite pitiable to see, from their distress; and many of whom, I am confident, were they examined in public, would break down, go mad, or commit suicide."—Because, Sir Anthony, they are ill qualified to undergo even an examination in private.

442. "Might not a part of the examination be conducted by written papers, and part *viva voce*?"—"The old men of the College are pretty good judges whether a man is crammed, or whether he knows what he is examined upon. We can detect in a moment, by turning the question round, whether a man has seen the thing with his own eyes, or has learnt it from a book, or has been taught it by rote."—Ah! you may *detect* it, but mere detection is of no use. You lose two-and-twenty guineas if you *reject* in consequence of your discovery.

443. "In what way would you require a student to pass the six years of professional study?"—"I am of opinion, that even being a boy of all-work in an apothecary's or druggist's shop is not waste time. A young man, from the age of fifteen or sixteen, *even in an apothecary's shop*, is every day learning something: that such a medicine was given as an emetic, and did not operate; that such a medicine was given as a purgative, and operated too much; that a calomel pill was given, and salivated the patient; and so on. I beg leave to say, that very distinguished men have learnt a good deal in that way; Scheele and Sir Humphrey Davy were each brought up in the shop of a country apothecary. For a general practitioner, a young man might be very well taught lectures and hospital practice in two years. I beg leave to say, that I believe an apothecary's boy may learn as much of physic in a shop, as a man does at Oxford or Cambridge, who may be uncertain whether he will go out in arts, law, or divinity, till perhaps within six months of the time of his going out in physic. The university student is not initiated into any of the elementary branches of the profession."

444. "You have stated that a large portion of a surgeon's practice is medical. How then do you justify your Council in excluding from their course of study and examination whatever belongs to physic?"—"We do require testimonials of attendance at lectures on materia medica &c.; and we frequently ask questions in therapeutics. It is *not uncommon*, for instance, to ask about the *modus operandi of any particular cathartic*."—The Council admit the *principle*, and carry it into practice in a manner most ludicrous and laughable.

445. "Ought a student to be required to study in London?"—"I think it *possible* that a man *might* get his education in one of our other great cities; but he would get it better in London. Students should *always* derive the finishing part of their education in the metropolis, passing one twelvemonth at least in London."

446. "What division of labour should there be between the College of Surgeons and the Company of Apothecaries?"—"If a man intends to be a *surgeon* only, then I think that the testimonials that we require are quite sufficient. But if a man is to act in the country as a *general practitioner*, he should then be examined by the Company of Apothecaries."—Observe - The witness has said that the far greater part of the practice of all mere surgeons, all "surgeons-only," is *medical*. Yet he advises that the evidence of qualification that such men are competent to practise medicine should consist in the answers to a few questions on "therapeutics," or the "*modus operandi* of any particular cathartic;" while a class of men whom he would have sent forth to the public as an *inferior* grade of medical men, he intimates should be examined with tenfold more care and precision as candidates for a license to practise medicine. This mode of legislation is designed to "*work well*."

447. "Should there be a board in London to confer medical degrees?"—"A licensing college in London would be very beneficial. No universities should be empowered to grant degrees. They should not possess the anomalous privilege of judging of the proficiency of their own students, and granting them degrees."

448. "Should there be more than one grade in the profession?"—"There should be men of different extents of education. Many persons in humble life cannot afford to pay men of *high* education, therefore they ought to have men of *an humbler class*, and yet men competent to minister to their wants; men of genius and of superior talents will, however, always con-

trive to rise above defects of school-education, by self-instruction."

449. "Is there any other point which you would wish to state to the committee?"—"Not any."

THE LANCET.

London, Saturday, August 8, 1835.

When the discussion was first commenced in 1824, in this journal, on the defective state of medical law in this country, there was not probably a single member of the profession who entertained the opinion that one hundredth part of the defects and abuses which have been proved to exist in medical legislation and practice would ever be discovered. It is now seen, however, and generally known, that a more disjointed and ill-arranged system could not have been contrived by human ingenuity or collegiate fraud. It is a system of *parts*, all working discordantly, having not the slightest uniformity or harmony as a whole.

But the point to which it is our object to direct attention at this moment, is the gross inconsistency of the legislature in sanctioning two practices which are so diametrically opposite, as that of establishing by statute a competent reward to medical practitioners for attending and making post-mortem examinations before coroners' inquests in Ireland, and at the same time withholding from medical practitioners in England, even the slightest fee or remuneration for discharging similar duties. In the House of Commons on Wednesday night week, several Honourable Members expressed an opinion adverse to the payment of medical men as witnesses merely. It amounted however to an expression of opinion only, because it so happened that neither facts nor arguments were adduced or urged for the purpose of sustaining the absurd and unjust view which the speakers entertained.

We think it right to notice this subject now, because no time should be lost in disabusing the minds of members of the House, relative to a principle which is characterized by so conspicuous a share of injustice. Quite true it is that the arguments were all on the side of the medical practitioners in the House of Commons; but, still, a deep-rooted prejudice exists, which cannot be effectually removed, except by frequent repetitions of the statements on which those arguments are founded. It ought, then, always to be shown, that a medical man does not attend at an inquest as a mere witness,—as the casual or accidental observer of the circumstances which led to the death which forms the subject of inquiry. On the contrary, he attends *professionally*. He is summoned in virtue of the office which he holds in the ranks of his profession, or because he was the professional attendant of the person who has become deceased. It happens, therefore, that the medical practitioners of every town sustain on all occasions the weight of the medical duties which are attached to the Coroner's inquests. With the jurymen the case is wholly different. They are selected from the mass of the ordinary population, whereas the whole of the medical men constitute in themselves a distinct body of individuals, incur the responsibility, and endure the pressure, of the whole of the obligations that belong to the medical labours of coroners' inquisitions.

As a witness, therefore, at such inquiries, the medical practitioner stands in the relation of no other individual in society, unless indeed his authority on such occasions be deemed of as much importance as that of the coroner himself, a view of the subject which it would not be easy to prove to be incorrect. The coroner is paid, and the law even recognises the prin-

ciple of payment with reference to the jury; and the constable is paid. Why, then, should an appropriate fee for attendance as a witness be withheld from the medical practitioner, the progress of whose education is marked at every step by such an amount of expense, and who cannot be called from his professional duties on summonses to inquests, without incurring great personal inconvenience, and, in many instances, without sustaining pecuniary loss by the non-discharge of his ordinary professional labours. We contend, therefore, that a medical practitioner is justly entitled to the payment of one pound whenever he attends before inquests as a witness, merely; and that he is equally entitled to an additional two pounds for conducting a scientific examination of a dead body. Admitting that the post-mortem examination is in some cases easily executed, there are other cases which occupy many hours, and which at last may yield only an unsatisfactory result. In numerous cases of death by poisoning, the examination, it should be recollected, is not completed until, frequently, a long series of analyses has been conducted. If, therefore, in a few instances, the payment of three pounds for the evidence and the examination be rather more than an equivalent for the labour performed, many other cases occur in which that sum would fall far below what might be regarded as the just demands of the practitioner.

This view of the subject has already been entertained by the legislature, and here mark the discrepancy in our laws. In the Irish Grand Jury Act,—not a statute of yesterday or of last session,—the coroners of Ireland are actually empowered to compel the treasurers of the county funds to pay to medical witnesses at inquests the sum of five guineas. In England, the coroner has not the power, under similar circumstances, to direct the payment of a single farthing. In adopting a scale, therefore, varying from one pound to three, the *juste milieu* course is taken,—avoiding non-payment on the one hand, and the extreme amount of five guineas on the other,—awarding one pound as a payment for attending as a witness merely, giving, in addition, a sum not exceeding two pounds, in cases where post-mortem examinations are instituted. Probably a more just view of the circumstances than this could not well be taken. If, therefore, our brethren, residing in other parts of the empire, concur with us in these opinions, we hope that they will at once resolve on taking the only course which can effectually serve this department of their interests in the next session of Parliament.

In appointing officers to our medical institutions, various are the motives which sway the elective body. In some cases a near relative is to be favoured. In others the solicitations of a meddling attorney are to be successful. Then, again, the existing officers have their favourite. Thus, all kinds of interests are thrown into action, and every stimulus to exertion is brought into play but the right one,—the desire to confer the greatest benefit on the individuals whom the medical officer is appointed to attend. Though nepotism may be only an odious principle to be sanctioned in some institutions, it is criminal when existing in the offices of our medical charities. Unfortunately the governors of our public institutions are too prone to indulge in feelings of favouritism with respect to candidates or their friends, without reflecting on what may be the dreadful consequences of giving way to feelings of partiality in the election of medical officers. There is at this moment a vacanc[illegible] in the office of surgeon to *Christ's Hospital*. There are several candidates in the field. Hitherto the medical

appointments in that establishment have been controlled by a clique connected with *St. Bartholomew's Hospital*, and in every instance the selection made has been unfortunate; for that horrible scourge, the ringworm, has pursued its destructive course unchecked by the curative powers of the medical department. Of the candidates now in the field there is one who has devoted a great portion of his time to the investigation of the diseases of the skin, and who has published a work on the subject, which has been favourably received by his professional brethren in this country, and has been noticed in terms of high commendation by some of the most distinguished medical authorities in France. That gentleman is Mr. PLUMBE.

In seeking to fill the office of resident surgeon to *Christ's Hospital*, he rests his claim on his professional experience and merits; the only claims which should be recognised as just in this and in all similar cases. The governors, therefore, have to choose between Mr. PLUMBE and other candidates who are unknown in the treatment of affections of the skin. Can they hesitate, for one moment, in determining whom they shall support? When we remind them of the disastrous consequences which have resulted from the non-eradication of a contagious malady in their establishment,—when we remind them of the immense number of children who, in consequence of that calamity, have been altogether deprived of the advantages of the education which it is the object and which it is in the power of the establishment to afford,—when we call to their recollection the disappointment and the misery which parents have experienced from that cause,—and when we intimate to them that the hopes and expectations of many promising youths have been wholly frustrated, giving place, in some instances, to an unrelievable despair; we cannot, we will not believe that such a respectable, intelligent, and wealthy body of gentlemen will be influenced in the coming election by any other motive than that of most earnestly and fervently desiring to obtain for the poor lads who are still suffering from the ravages of ringworm, the best medical aid that can be furnished by the profession in this metropolis.

In entreating the governors to appoint the gentleman whom we have just named, we can assure them that we are solely influenced by a sense of public duty, and we cannot give them a better proof of the sincerity of this declaration than by pointing out to them the propriety of not electing even Mr. PLUMBE for a longer period, in the first instance, than one year; because, should that gentleman fail in his exertions to get rid of the malady which has so long been the scourge of the establishment, it will be the duty of the governors at the end of twelve months to make Mr. PLUMBE give place to some other practitioner. The evil against which the governors have to contend, is one of no ordinary magnitude, and they are bound, by every consideration of justice and humanity, to use the most efficient means in their power for giving protection to the interesting objects of their solicitude. The profession and the public look forward to this election with much anxiety.

THE cholera has much diminished at Toulon, but is spreading rapidly over the different towns in the south of France. The total number of cases at Toulon has been 1218: the deaths amounted to 1128. We regret to say that M. LASSIS, one of the most strenuous opponents of contagion, who had repaired from Pons to Toulon, and distinguished himself by his activity and zeal, has fallen a victim to the disease.

The minister of public instruction in France has obtained an ordonnance for the creation of the chair of pathological anatomy, instituted by the will of the late Baron Dupuytren. It is also, we understand, in contemplation to create a chair of medical literature, a subject much neglected in France. When the latter chair is properly filled, the school of Paris may justly boast of being the most complete in Europe.

The Edinburgh Medical and Surgical Journal, July, 1835.

James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh, leads off in the present number of our northern contemporary with the following prelude:—

"In the Reports," he begins by saying, "which I formerly offered to the public through the medium of this journal, my object was not merely to convey information of practical utility, but also to show the actual amount of practice in the surgical hospital which had been recently established. Cases were therefore selected, fully as much on account of their severity, or other circumstances rendering them of importance, as in respect to the instruction to be derived from them; and the detail with which ordinary operations were related, might not unfrequently have incurred the charge of prolixity from practical readers, who were not aware of the peculiar circumstances under which these reports were undertaken.

"Having now no view but to communicate the observations tending to illustrate the practice of surgery which my connexion with the Royal Infirmary may enable me to collect, I shall not for the future think it necessary to notice any cases except those which afford subject of interesting or useful consideration."

The translation of Mr. Syme from Minto House to the Royal Infirmary, has obviously effected in him a most salutary change. On his readers no less than his reviewers, his promotion must confer a lasting benefit—their gratitude to the "Town Council" and "Governors of the Royal Infirmary" should be immortal! From what a mass of misery have they not been saved by placing Mr. Syme in a position which enables him to turn his attention from the quantity to the quality of his cases! But better late than never; his removal from the "peculiar circumstances" of Minto House enables him to be generous and honest; and as he can now afford to give us instruction without the prolixity of unnecessary details, we are informed that we are to have the benefit of his elevation, and we should of course be grateful. We must say, however, that the confessions of placemen are always subjects of suspicion with us; and in perusing Mr. Syme's cases in future, we fear we shall not be able to divest ourselves of the apprehension, that in these, as in his former reports, he is not spinning the Minto House "yarns" for us! Certain it is, that the confession of the "Scotch measure" by which the manufacture of Minto House was doled out to us, will long remain as one of the most extraordinary avowals which it has ever been our lot to obtain from an author. We must however, proceed to examine how far the *cælum non animum mutat* has affected Mr. Syme in his transition to the Royal Infirmary.

The first case in his report is entitled "Excision of the Superior Maxillary Bone; Recovery." The subject of the operation was a female, aged forty-two, admitted on the 26th of November 1834, and dismissed cured on the 20th of December following. She stated that she received a kick on the face from a cow sixteen years back. The swelling never entirely disappeared. At the beginning of last year she felt much pain in the part, and the tumour enlarged rapidly. The malar and bicuspid teeth of the affected side came away soon after. On examination the cheek was found distended by a tumour springing from the superior maxilla, firm, but not so hard as bone. There was inequality to the touch along the lower margin of the orbit; and the floor of its cavity was elevated. The whole palate of the left side was much thickened, and irregular in its surface, and presented the characters of a malignant ulcer. The patient otherwise enjoyed good health. On the 28th an incision was made from the inner angle of the eye down through the lip, and

another from the convexity of the malar bone to the angle of the mouth. The flap was next dissected up until the whole surface of the maxillary bone was exposed. By next introducing the blades of the cutting pliers into the nostril and orbit, the nasal process was divided. A notch was then sawed in the malar protuberance, which readily afterwards yielded to the pliers.

Having first circumscribed the morbid parts of the roof of the mouth with a scalpel, the palate and septum of the nose were divided by the pliers, and the morbid mass was turned out entire from its adhesions. It was found to be of considerable consistence, and yellowish; and by its pressure to have produced absorption and displacement of the floor of the orbit. The arteries were tied, and the patient was put to bed. The edges of the wound, in an hour after, were approximated by sutures; and cloths moistened with cold water were applied. The wounds healed by the first intention, and the patient was dismissed at the time stated above. She has since continued quite well.

The performance of operations of this kind, which at one time attracted so much attention, is of much less importance than the discrimination of remediable from irremediable cases. Upon this point Mr. Syme makes a few remarks, which may be here quoted:—

"To prevent this operation from being misapplied, the cases admitting of its effectual performance must be carefully distinguished from those in which, from the disease implicating the bones of the nose and the base of the skull, it cannot be of any use. The history of the disease may assist in this diagnosis. Headach, stuffing of the nose, protrusion of the eye, and expansion of the upper part of the face, are unfavourable signs, particularly if remarked early in the case. On the other hand, caution is required lest the operation be performed when it is not really necessary, as when the tumour depends on a cyst containing a fluid developed in the bone. The appearance and consistence of such swellings closely simulate those of fibro-cartilaginous tumours, which are the most favourable for removal in this situation. In the former the bony shell, however, is so thin that it will, by passing the fingers over it, be found to crackle like a piece of parchment. Gisnoul relates a case of this kind in which he discovered its true character only after having proceeded some way in attempting to remove the entire bone."

Some cases of this kind have occurred to Mr. Syme: we shall select one as an illustration of his observations:—

"During last summer a lady from North Shields came to me with a tumour of the lower jaw, which extended from the bicuspid teeth to the articulation. It was round, firm, of three years duration; commenced with pain, and led to the extraction of the grinders of the affected side. In the prominent parts of the tumour the characteristic yielding and resiliency of the thin osseous shell of the cyst could be perceived. By making an elliptical opening of sufficient size to secure the temporary aperture of the cyst in the alveolar region, half a tumblerful of fluid, containing numerous shining scales of cholestrine was removed. No inconvenience ensued; the tumour gradually, and at length nearly quite disappeared."

Mr. Syme next relates a case of reparation of a hole in the nose of a female. It is not worth alluding to further than to remark that the operator attaches some importance to the fact of its being a useful precaution to make the incisions in such a manner as that in the application of the flap, the part may not be twisted. A certain degree of this inconvenience must always attend these operations when performed in the way described by Mr. Syme; but, of course, the less the better, a conclusion to which, we presume, any one concerned in such matters would come to without Mr. Syme's admonition. We confess we do not understand what notions authors who favour the world with frivolous directions of this kind must entertain of the heads or hands of their professional brethren; or what they propose to themselves by inditing such trifles. There is a class of persons no doubt to whom everything must be taught, even to the use of a knife and fork to feed themselves; but such persons ought to decline the practice of surgery, for no instructions will suffice to make them expert in the use of instruments; or teach them precepts founded on mechanical principles.

Mr. Syme then describes a case of medullary degeneration of the eyeball in a child of three years of age; and enters

into a long disquisition on this disease. We shall merely select his description of the disease on which he operated, though he considers it incurable by operation:—

"The pupil," he says, "of the left eye was much dilated, and of a bright amber colour. The eye looked larger than natural, but whether this depended on the coats being distended, or on the ball being protruded by a growth behind it, could not be positively ascertained. The child complained of pain in the forehead, and had fallen off much in flesh. The appetite was impaired, and the bowels were moved with difficulty. It commenced fifteen months ago with a small speck of variable colour in the back part of the eye, without pain or defect of vision. On removing the eyeball the disease was found to extend backwards along the sclerotic coat, and around the optic nerve, where it being found impracticable to remove the entire of it, the attempt was declined."

The child, however, experienced much relief from the operation, but Mr. Syme understands that the disease has again returned.

A fatal case of injury of the head in which suppuration occurred, and for which the trepan was applied without success, is next detailed. There is nothing in the case or the practice to distinguish it from the many of the same kind on record. The fact of the puriform matter being so generally diffused, instead of contained in a cyst, as was to a certain extent its condition in this instance, must render the utility of an operation always of much uncertainty.

A case in which the consequences of carotid aneurysm, as well as those of the operation performed for its cure, presenting some remarkable features, is next detailed. The aneurysm in this instance was produced by the kick of a horse. The hollow at the upper part of the neck was occupied by a tense swelling, which was distended with each pulsation of the heart. The patient kept his head inclined constantly to the right, and complained of intense pain in that side of the head. The right eye was much diminished in size, and the face on that side seemed as if paralyzed. The tongue was protruded with difficulty, and, when withdrawn, evidently moved with the action of the left half, the other being quite passive; but both sides received the impression of taste. The voice was almost entirely lost. These symptoms were supposed to have been produced by the pressure of the aneurysm on the nerves at the root of the neck. The patient was instantly relieved from all these symptoms the moment the ligature was applied to the artery, and not a single unpleasant circumstance followed the operation.

We must here pass over a number of cases as fairly coming under the denomination of "Minto-House Reports," into the secret of which Mr. Syme has so unwittingly led us. Towards the conclusion of the report there is one case, which from its rarity may be worth noticing. It is headed in the general report as follows:—"Ununited Fracture of the Humerus—Excision of the Ends of the bone—Phlegmasia Dolens of Left Leg and Thigh—Recovery." Of the fracture, operation, and successful event, it is unnecessary to record the details. We shall therefore pass on to the accidental occurrences of "phlegmasia dolens," as Mr. Syme names this disease. While going on well after the operation, the patient, who in this instance was a male, felt rather hot and uneasy, and at night suddenly complained of intense pain in the left groin and calf of the leg. Soon afterwards the thigh and leg swelled and became painful to the touch. Next day the limb was tense, elastic, and very sensible of pressure, especially in *the course of the femoral vein*, where an induration was perceptible. Medicine acted but slowly on the bowels. In the evening and night he had frequent black vomiting, the pulse being 150. The vomiting was succeeded by violent hiccup. A blister was applied to the epigastrium and leeches to the groin. In about five days the inflammation entirely subsided, but left the patient in a very debilitated condition, being unable to sit up for several weeks. The man ultimately recovered and left the hospital. Upon this case Mr. Syme remarks:—"This case is remarkable for the example it affords of an attack similar in all respects to the phlegmasia dolens of puerperal females. Other cases of the same kind are recorded, but none that I know of so well marked. There can be no doubt, after the researches of Dr. Davis and others, that this curious

affection depends on an inflammation of the great venous trunks, and it is not difficult to conceive why this should happen after parturition; but what led to it in the present instance cannot be so readily explained."

PROVINCIAL MEDICAL ASSOCIATION.—*To the Editor.*—Sir,—I have just received THE LANCET of the 25th of July last, in which I find erroneously attributed to me the reading, at the Oxford Meeting, of a paper which you justly commended, on the miseries of the poor, and the inadequate remuneration of medical men under the new Poor-law *disarrangements*: I had not the honour of so doing. To Mr. Nathaniel Rumsey, of Beaconsfield, the merit is due of having ably recited cases illustrative of these facts, principally from his own personal observation; to which he added the perusal of copies of documents with which I had furnished him, as a member of the Buckingham Medical Association. These documents having been addressed officially to me, and being so read, probably gave rise to this mistake. I have the honour to remain, Sir, your obedient servant,

ROBERT CEELY.

Aylesbury, Aug. 4, 1835.

MR. TRAVERS.

To the Editor.—Sir,—It appears from the abstract which you have lately published of Mr. Travers's evidence before the Parliamentary Medical Committee, that he is quite as much affected with *Pharmacophobia* as any of his brethren; and as he could have furnished some important *practical* information on the subject, it is a pity that his examination was not carried a little further.

If questions to the following effect were not put to him by the Chairman, perhaps you will allow me to ask them through the medium of your Journal; and as I have no doubt that he will answer them candidly and honestly, I am sure you will do him the favour of publishing his reply as a supplement to his former examination. I am, Sir, your obedient servant,

A GENERAL PRACTITIONER.

August 3, 1835.

To Benjamin Travers, Esq.

Dear Sir,—Will you oblige me with answers to the following questions?

Were you not *at one and the same time* surgeon to the East India Company, Demonstrator of Anatomy to Guy's Hospital, and Surgeon to the London Infirmary for curing diseases of the eye?

Did not the first of these appointments require you to undertake the *medical* care of several hundred of the Honourable Company's labourers, and to *supply them with medicine?*

Did you not in fact receive payment from the Honourable Company, *for the medicine* so supplied?

While you were thus *practising pharmacy*, did you not teach anatomy to such of the students at Guy's Hospital as chose to attend your demonstrations?

Did you not, while so practising, give *clinical instruction* to the pupils of the Eye Infirmary?

Did you not also *give lectures* on some parts of surgery at the Infirmary at the same time?

As you have expressed an opinion, (formed, I have no doubt, from *personal experience*) that "*teaching* and *pharmacy* would not go on well together," allow me to ask in conclusion, which part of "the work" was "*not* well done" in your case?

In the last question I feel particularly interested, as I had the honour of being, at the time referred to,

ONE OF YOUR PUPILS.

ST. GEORGE'S HOSPITAL.

MEETING OF FRIDAY, JULY 31ST.

DR. JAMES SOMERVILLE *in the Chair.*

THE Board met as usual at 12 o'clock, and the few remaining laws were soon disposed of. In clause 2, page 53, a salutary provision is introduced that no law shall be made, altered, or suspended, except between the 31st of December and the 1st of August; the reason for which is, that the governors of the institution are usually out of town during the remaining months of the year. It is an old law and met with general concurrence. Indeed those gentlemen who do not coincide on all occasions with the views of Sir Benjamin Brodie, hail it as a boon to the patients, for as a minority they have no hope of success in any questions, but those which overwhelming evidence forces support from the governors at large.

The labour of the general court is thus for the present terminated, but amid loud complaint that the business was not from the first deputed to a committee of independent governors, so as to free the general body from the alternative of sacrificing a great quantity of valuable time, or

leaving the interests of the institution in the hands of a junto of medical officers who seem to regard the hospital as their own estate. The business that has just been concluded properly belonged to a committee. Many important subjects still stand over to be reconsidered, and a great variety of notices of motions remain to be disposed of. The following are some of those which possess a general interest:—

1st. To amend the law relative to the dismissal of governors.

2nd. To permit governors to inspect the hospital.

3rd. To allow medical governors to visit the wards of the hospital.

Mr. BAGSHAW ventured to propose that the Board should meet again three weeks hence, to dispose of all notices, in order that the whole of the laws might be fully confirmed at the next quarterly court, which is held in October,—notwithstanding it had been determined a few minutes before, by a large majority, that the interests of the hospital required that no new law should be made, and no old law suspended, between the months of July and January. The most decided objections were made to this course. Mr. TRIMMER proposed an adjournment a few days ago until after Christmas, in consequence of the meetings having been composed of late almost entirely of medical men. He thought it only fair towards the other governors; but having advanced so far in the book of laws, all parties were desirous of reaching the end before the adjournment took place. One governor thought the mere proposition preposterous. The echo of a law to the contrary had hardly died away. Dr. WILSON stated that if the learned gentleman's intentions of calling together the few medical men in town, at the latter end of August, for the purpose of disposing of these laws, were carried into effect, he should endeavour to evince his disapprobation of that step by absenting himself altogether, and call a special court at a proper season to consider the new laws and amendments which he had to propose. Dr. CHAMBERS ear-wigged Dr. SEYMOUR a little, and left the room. Dr. SEYMOUR finding that the proceeding might be construed to the disparagement of the medical officers and their committee, would consent to a longer delay. Finally, Mr. JAMES LANE moved that the court do adjourn to the second Monday in January, which was carried, and Mr. BAGSHAW and his friends have to thank the opposition for saving them from the effects of their own efforts.

The arrangements made are, 1st, That the present laws as altered shall be printed by the 15th of September; and 2ndly, that fresh notices of motion and amendments shall be received until the 1st of November, and printed for the information of the governors generally, previous to the meeting in January.

The whole of these discussions have strongly tended to exhibit the impropriety of allowing the medical officers of an institution thus constituted to manage its affairs. These parties, in the present instance, having supreme control at the Weekly Board, proposed a committee to amend the laws, and then nominated themselves and their friends as that committee. They then drew up a code which proposed to give unlimited power over the funds of the institution, and over all the officers, to the Weekly Board. These laws were also designed to be converted into an instrument of oppression and punishment against individuals who had displeased the junto. A barrister who was closely connected with them became a governor, a few weeks afterwards was made a member of the committee, took an active part in framing the laws, and attended the general court regularly, in order to plead specially every proposal of the committee, and browbeat and insult gentlemen who opposed their views. Their journal of fabrication traduced the characters of 31 out of 69 governors; and published the names of many of them as a "gang," and so described them solely because they refused to receive the laws in silence. In fine, their interests as a part were rendered paramount to every other consideration. The great body of governors were not made sufficiently aware of the importance of inquiring into the business of the institution, or they would undoubtedly have attended more fully, and not left its arrangement entirely in the hands of the medical officers and their immediate friends.

The number of votes possessed by these individuals amounts to so many as nineteen, by which means they are enabled to overwhelm all opposition, especially at the Weekly Board. Hitherto, if any non-professional governors attempted to take an active part at this board, they were immediately afterwards compelled to retire in disgust, and with a disposition to neglect the affairs of the hospital on all future occasions. The junto thus found their reward in behaving ill to those who did not agree with them.

It was felt by the medical officers, that to separate without passing a vote of thanks to the committee, would have been a censure on themselves, but there was evidently a reluctance to bring the motion forward. However, Dr. SEYMOUR did at length screw up his courage to the point,

though not until some time after the business of the meeting had terminated, and then moved the vote so languidly, that the deserts of the committee were precisely met by the manner of their reward.

Dr. SOMERVILLE has presided at the three last meetings, and with ability and great impartiality.

ST. BARTHOLOMEW'S HOSPITAL.

GASTRODYNIA.

MARTHA RESTILL, ætat. 55, widow, was admitted into this hospital on the 20th of April.

21. Exhibits a dusky and flushed countenance; hot and moist skin; furred tongue; small and soft pulse, 84; bowels not relieved for four-and-twenty hours; anorexia; restless night; pain in the head and limbs, accompanied by great debility. She vomited yesterday some dark-green-coloured fluid, and this morning ejected the milk she had just swallowed, together with a slight portion of blood.

History.—She states that the menstrual discharge has been interrupted since Christmas last, at which period she experienced a similar attack to the present, attended by vomiting of greenish fluid; she enjoyed tolerable health till last Sunday (19th inst.), when after dinner she was seized with nausea and vomiting of the peculiar fluid previously described. Her mode of living, *according to her own account*, has been regular, avoiding *as much as possible* any indulgence in spirituous potations. To have *six ounces of port-wine.* Effervescing draught. Two grains and a half of *Hydrarg. c. Creta* every six hours.

22. Flushed countenance and furred tongue continue unaltered; pulse 90, feeble and small; one dejection from the bowels of a natural appearance; rested better; headach continues unrelieved.

23. Tongue remains furred; pulse 76 and feeble; no alvine evacuation to-day; headach still urgent, slept better; has not vomited since the 21st; the epigastrium is impatient of pressure, her pulse indicating diminution of power: towards evening the wine was increased in quantity. Let her have *ten ounces of port-wine.*

24. She describes herself as feeling worse. The tongue and pulse differ very little from the last report; there was an action of the bowels last night; the secretion from the cuticular surface is augmented; complains more of pain in the head and dimness of vision; there is now a perfect absence of pain in the epigastrium on pressure.

25. 4 o'clock p.m. Pulse 64 and feeble; tongue still furred, but less dry; the bowels have excreted twice to-day; the headach unremitting, and the forehead being very hot, she was ordered *six leeches to the forehead.* 8 o'clock p.m. Pain and heat of forehead alleviated since the application of the leeches; pulse 72, with an increase of power.

26. 11 o'clock a.m. Forehead more flushed than on last evening, but the *tout ensemble* of her symptoms manifests improvement. Let her have *four ounces of wine.*

27. Pulse 68, more natural; her other symptoms still evidence improvement; *two ounces of wine.*

28. Little alteration since yesterday; pulse 64, with less power; bowels have not acted since the 26th; appetite returning; the headach and pain in the stomach have entirely vanished.

30. She evinces considerable improvement; tongue a little furred; pulse 60; bowels open; dejections natural; sleeps well; and has a desire for solid aliment.

May 1. She has improved in every respect, and were it not for a trembling movement of the limbs, noticed in walking, she would be in a state of favourable convalescence. She has taken her leave of the hospital.

ANASARCA FROM DISEASE OF THE HEART.—AUTOPSY.

Sophia Lunn, ætat. 26, was admitted into St. Bartholomew's Hospital on the 3rd of March. Her countenance was pale and sallow; the skin natural, but increased in temperature and dry during the night; tongue clean and moist; pulse small, thready, and feeble, computing 124; thirst excessive; appetite wanting; the inferior extremities are œdematous, and the body is considerably emaciated; she complains of thoracic pain and cough, attended by an expectoration of a frothy pituitous character, occasionally streaked with blood; the heart palpitates on the least attempt at exertion, and the dyspnœa is so urgent as to require the semi-recumbent position during repose. The abdomen is full and a little tender on pressure; the bowels are regular; excretion from the bladder scantily voided; catamenia natural. She has been the subject of cough, but nevertheless has enjoyed comparatively good health until the last two months, when she became accidentally exposed to cold and moisture, immediately after which she experienced acute pain in the side, with cough and dyspnœa. She underwent b.is-

tering and the pain gradually subsided, but the cough and dyspnœa have continued to progress. Her symptoms have lately increased in severity, the urine becoming more scanty and the legs œdematous. She has occasionally brought up some small clots of blood during expectoration. An irregularity in the heart's action has for some time been induced by the slightest locomotive movement. She has never been the subject of rheumatic inflammation. *Let a blister be applied between the shoulders.*

On auscultation the natural sounds of the heart in the precordial region were found to be confused and dull; the heart's impulse is likewise augmented; the sounds may be traced extending over the greater portion of the chest anteriorly, including the site of the sternum. A rasping sound, varying in extent and degree, has been detected; its existence however is not permanent. The permeation of air through the lungs *appears* to be uninterrupted, but an accurate auscultation cannot be made in consequence of the blister. *Ordered one-sixth of a grain of Acetate of Morphia, and* ʒj *of Simple Oxymel in distilled water, three times a day.*

5. Had a little more rest during the night; pulse augmented in power; dyspnœa diminished; little variation in her other symptoms; urine scanty and of an acid and albuminous character.

9. The dyspnœa and cough are less troublesome, inasmuch as she is able to assume the recumbent posture with greater facility; tongue moist; bowels constricted; urinary secretion scantily voided; œdema of the legs continues unabated; pulse 120, small, thready, and occasionally intermittent; drowsiness having evinced itself subsequent to the taking of the mixture, it was yesterday suspended during the day time. *Ordered a Senna draught immediately.* The stethoscope denotes little alteration; continue the mixture of Morphia.

11. Auscultation showed that the natural sound of the heart was converted into a double brouissement, especially to be discovered beneath the inferior half of the sternum, and rather inclining to the right side. It is evident also, in the epigastric region; percussion is dull at the lower part of the lungs, becoming more resonant on approaching the upper portion. The respiration is unequal over the posterior part of both lungs, the sounds being intermixed with some crepitation; bronchial respiration, almost amounting to cavernous, attended with very loud bronchophony, is evident about the inferior angle of the left scapula.

17. Complains to-day exceedingly of dyspnœa and a sense of tightness across the chest, with inability to observe the recumbent position. The cough continues unrelieved, and the expectorated matter is sometimes streaked with blood. The legs remain œdematous, the vesical and alvine excretions are scantily voided. Pulse small, soft, and thready, computing 132. *A Blister ordered.*

18. *Continue the mixture of Acetate of Morphia as before.*

23. The blister yielded her some relief the day subsequent to its application, but the dyspnœa has become more aggravated during the last two nights. The cough and expectoration have diminished; the abdomen is slightly distended; pulse still, small, and occasionally intermittent; bowels open. *Apply a Mustard Poultice to the chest.* The stethoscope discovers but little alteration, excepting that the heart's action is sometimes accompanied by a *bruit de rape*, at other times by a *bruit de soufflet.*

27. Dyspnœa recurs in successive paroxysms; the semi-erect posture, with an inclination of the trunk towards the knees, is of necessity adopted by the patient upon auscultation: no distinct unnatural sound is heard, but a diffused impulse is discernible over the greater portion of the chest anteriorly. Pulse at present regular, and not altogether without power. She was relieved by the mustard poultice for a time. She was ordered on the 25th *two grains of Calomel with a quarter of a grain of Opium every six hours.* After the administration of five doses, the gums commenced to develop the mercurial action. She had two or three fainting fits in the afternoon of the 26th.

28. Countenance pale and anxious, is more debilitated in every respect. Pulse small, feeble, and irregular. *Omit the morphia.*

31. Her general symptoms evidence little or no alteration, she complains of pain in the chest, particularly in the epigastrium, occurring in paroxysms.

April 15. The effusion is very much increased; the sounds of the heart succeed each other with great rapidity, although each particular sound is devoid of any unnatural phenomena.

27. The dyspnœa has been augmenting during the last ten days; her vital powers have been fast degenerating, and at five o'clock this morning she made her exit from the world.

Autopsy five hours post mortem.—General anasarca, with some purple patches at the inner parts of the thigh, with vesications. *Chest.*—Each pleural sac contained about a quart of straw-coloured serum. There was perfect absence of any

pleural adhesion. The heart extended far beyond its natural boundaries. The pericardium was universally agglutinated to the surface of the heart by a soft layer of lymph about half a line in thickness; the investing membrane of the heart was easily separated from the parietes of that organ, leaving the surface of the latter with some laminæ of lymph adherent to it. The right auricle was considerably enlarged; the auriculo-ventricular orifice admitted the ends of five fingers; the right ventricle was rather more diminutive than usual, and its parietes were somewhat attenuated; the tricuspid valve was healthy; the orifice of the pulmonary artery admitted two fingers; the primary divisions of the semilunar valves were larger, although the valves themselves were healthy. The left auriculo-ventricular opening permitted the passage of three fingers; the auricle was enlarged, its parietes were hypertrophied, and its cavity was about twice its natural size. The bicuspid valve exhibited at its margin some thickening and slight opacity, though perfectly free from any deposit. Opacity was likewise observed in the lining membrane. The aorta was constricted, so as only to admit of one finger. The lungs were compressed towards the mediastinum; the lower lobes gravitated to the bottom of water when immersed therein; the tissue of the lung was free from tubercles; there was some crepitation noticed at the upper part; none of the bronchial tubes were enlarged.

Abdomen.—The peritoneal sac contained some straw-coloured serum, and the peritoneum was opake and thickened. The liver and spleen were healthy. The kidneys were about half their usual size; and, on stripping off their capsules, they evinced the peculiar granular mottled appearance described by Dr. BRIGHT.

POPLITEAL ANEURYSM.—OPERATION.

August 1.—This afternoon, at half past twelve, William Phillips was brought into the operating theatre, and placed on the table. On removing his habiliments the nature of the disease became discernible. He was admitted into this hospital on the 28th of July; and stated, that about sixteen days before his admittance he experienced an impediment to his loco-motive efforts, in consequence of a tumour in his left ham; which he attempted to account for by saying that his occupation required the standing position during a considerable part of the day. Mr. LAWRENCE began the operation by an incision commencing two inches and a half below Poupart's ligament, and exposed the femoral artery rather higher up, that is, towards the main trunk of the profunda than is spoken of by writers as the most eligible spot for applying a ligature on this vessel. This plan usually obtains at this hospital; and the cause assigned by the surgeons for this deviation from the ordinary *modus operandi* is, that in the situation selected by them the artery lies more superficial than where it is about to penetrate its tendinous sheath. On passing the needle around the vessel, either the main trunk or a branch was wounded, as rather active hemorrhagy followed. This induced the operator to apply two ligatures, including that portion from which the bleeding issued. After the removal of the patient the operator prognosticated a favourable result.

SYPHILITIC IRITIS.—The case of syphilitic iritis described in our last number has considerably progressed towards recovery since our last report. Mr. LAWRENCE observed, in his clinical lecture, that the calomel and opium had been persevered in, and that ptyalism had resulted. It had not been his intention to produce this effect; but, though differing from the opinions of most writers on syphilitic iritis, he could not but remark that in this case the *active* agency of mercury had accelerated the sanative process; though he should not advise its indiscriminate use, so as to produce salivation, in cases of this description.

OMENTAL HERNIA.—In a clinical lecture on 31st July, involving the cases of some patients under his care in the hospital, the surgeon, Mr. LAWRENCE, noticed that of Daniel Bostell, ætat. 34, who was admitted on the 28th of this month, and who had been the subject of omental hernia for a period of thirty years, continually rendering him liable, on any unusual exertion, to the protrusion of a knuckle of intestine; which, however, had, heretofore, been reduced with an ordinary degree of facility. The intestine, in the present instance, had suffered strangulation, and the surgeon immediately decided on an operation, which was accordingly performed at half past seven o'clock on the evening of his admission. On laying open the hernial sac, a large quantity of thickened omentum was exposed, a portion of which the surgeon deemed it prudent to excise. After the operation the patient was placed in bed, and the lapse of three hours was allowed to take place to give time for the action of the purgative which had been previously administered, before any fresh measures were resorted to for exciting the peristaltic action of the intestines. All the collateral circumstances

have a favourable aspect, and the patient is making rapid advances towards health.

INJURY TO THE EYE FROM QUICK-LIME.—The lecturer next adverted to a little boy, who was admitted into Rahere's ward on the 27th of July, under the following circumstances. The child, whose name is William Nevill, stated, that while at play, having excited the irascibility of a workman engaged in the repairs of some building, the latter threw in the child's face a quantity of quick-lime, some particles of which insinuated themselves between the palpebræ, producing a peculiar effect on the surface of the cornea, which evidenced an appearance of leucoma. The vision in this case was not totally annihilated; but if the action (which the lecturer considered to be a chemical one) continued to progress, the inevitable consequence would be a complete alteration in the structure of the cornea, producing irrecoverable blindness in that eye. But in the case under detail the cornea was merely rendered semi-opake in the superficies of its entire extent, admitting of so much vision as was required to discern any large object, such as a finger or a pencil-case. Little or no pain was produced by the malicious act; and a somewhat favourable result was augured, inasmuch as the lecturer imagined that the superficial lamina of the cornea would exfoliate, and leave the eye almost in its pristine state of health. The treatment consisted simply in the application of twelve leeches to the eye, at two distinct periods, and continual ablution with tepid water.

NORTH LONDON HOSPITAL.

CHRONIC PHAGEDENA OF THE PENIS.

JOSEPH JOHNSON, aged 40, was admitted, July 11th, under the care of Mr. LISTON. About three months ago he had a chancre on the prepuce, which he neglected for some time, but as it began to extend and enlarge very much, he became alarmed and applied to a surgeon, who ordered frictions of mercurial ointment to the thighs, and gave him "a number of pills." The sore, however, still continued to extend, and phymosis supervened, which was relieved in the usual manner, by division. As he did not improve he applied to another surgeon, who persevered in the use of the mercury. At this time a pimple made its appearance on his thigh, and afterwards a succession of conical scabs formed over different parts of the body, which on separating left deep unhealthy ulcers. At the time the prepuce was divided, there was a small opening on the dorsum at its inferior part, through which small quantities of matter, secreted by the ulcers on the glans and prepuce, escaped. When the prepuce was drawn back, its inner surface was found in a state of unhealthy ulceration. A considerable part of the glans had also been destroyed by ulcers of the same description. For several days after the division of the prepuce there appeared to be a considerable improvement in the character of the ulcers; the mercury was still continued internally; poultices and fomentations were carefully applied, and the incisions appeared to be healing rapidly. A slow phagedenic ulceration then supervened, and in about three weeks the whole prepuce, as high up as the opening formerly mentioned, had been destroyed. The greater part of the glans had also been lost. For the last week he has been taking the hydriodate of potash; under the use of which the ulcers on the body improved rapidly, while those on the penis continued to extend.

The following was the condition of the parts on his admission. The glans penis was completely destroyed by the ulceration, the surface of the sore was irregular and unhealthy, and there appeared to be no attempt at granulation. The edges of the sore were sharp, as though they had been cut. The surrounding integuments were slightly swollen, and of a deep-red colour, and on different parts of the body there were numerous, small, superficial healthy ulcers. His health was much impaired, and he was in a state of great emaciation.

The surface of the sore was touched freely with the nitric acid, and the warm-water dressing was afterwards applied.

July 17. Parts of the sore seem to have a slight disposition to heal. The warm-water dressing to be continued, and half a pint of the compound decoction of sarsaparilla to be given three times a day.

Aug. 1. He has been gradually improving since the last report, the ulcer being now under the process of cicatrization.

Mr. LISTON, in making some remarks on this case, begged the pupils to observe, that the symptoms and condition of the patient had progressively gone on from bad to worse, and that this happened while constitutional treatment had been pushed very far, the system having been brought and kept under the influence of mercury for a long period. This, he said, was a form of venereal disease which did not yield to mercury, and was generally rather aggravated by mercury in most of its stages. There had been a marked improvement in the aspect of the sore afte[r]

the division of the prepuce, and this was attributable to the loss of blood. A rapid improvement often took place after spontaneous hemorrhage from such sores. Had antiphlogistic treatment been adopted, and the diseased surface been destroyed in the first instance, in all probability the patient would not now have had to lament over his distressing situation. The progress of the ulceration should now be averted by the use of a powerful escharotic, and means should be taken to improve the patient's general health, and free him as speedily as possible of the effects of the disease and the remedies. The patient had benefited much under iodine, which might be resumed after the skin was brought into a more healthy state by the use of the warm-bath, and the exhibition of sarsaparilla.

SCABIES FOLLOWED BY URTICARIA AND PSORIASIS.

Charles Wood, aged 31, was admitted June 5th, under the care of Dr. ELLIOTSON. He had suffered for a short time with a very virulent itch. On his admission frictions of sulphur ointment were ordered, and in a few days the scabies was completely removed; but occasionally, during the use of the remedy, urticaria came on, and returned, attended with rigors when the scabies had disappeared.

20. He was bled to ℥xiv, and a mixture of colchicum and magnesia was ordered.

26. The colchicum has been given in gradually increased doses; he is not much relieved. Bled again to ℥xij.

30. The blood was not buffed or cupped; but the bleeding relieved him very much. He still feels rigors, but in a less degree.

The colchicum acts freely on the bowels and also on the kidneys. Ten grains of blue pill twice a day.

July 2. The eruption has in several parts, especially on the backs of the hands, assumed the form of irregular patches, with level edges, and a rather scaly surface. As the colchicum purged him very freely, let it be discontinued. The tongue is clean and moist, and there is no thirst; the mouth is slightly affected by the pills.

7th. The eruption, especially on the backs of the hands, is more scaly than at the last report; the patches are irregular, and have minute cracks between. His gums are tender from the mercury, which has purged him very freely. He still feels heat and tingling of the skin, but the itching has ceased. Omit the pills.

8. As the bowels were much purged he was ordered a mixture of chalk and opium.

14. The eruption is nearly gone on the legs, but still continues on the backs of the hands, where some fresh patches have made their appearance. The purging has quite ceased. Blue pill in five-grain doses every night.

18. The eruption has declined very rapidly since the last report, and is now nearly gone.

28. He has been gradually improving since the last report. The mercury has been continued, and has slightly affected the gums; discharged to-day, quite well.

Dr. ELLIOTSON in making some remarks on this case said, that he considered it one of interest, from the circumstance of one cutaneous disease being succeeded by others which required a diametrically opposite plan of treatment. He considered it possible that the two last diseases might have been produced by the application employed for the removal of the first.

CHRONIC INFLAMMATION OF THE AORTA.

George Richards, aged 42, was admitted April 11th, under the care of Dr. ELLIOTSON. He is a tailor, of robust constitution, but very intemperate. His general health has always been good, until about seven months ago, when he was seized with aching pains along the course of the spine, and the middle part of the sternum. Violent palpitation came on whenever he made the least exertion, attended with pain in the whole cardiac region. This pain soon became more acute, and affected more particularly his left side, on which he could not lie, and he also suffered from dyspnœa. He was cupped, bled, and blistered, with considerable benefit. He now complains of aching pain in the whole cardiac region, and also in the course of the spine, extending upwards from the middle part, and passing through to the cardiac region, and he feels the pain with increased severity morning and night. The pain is rendered more acute by the least exertion, the palpitations are very violent at times, and there is dyspnœa when the pain is severe. Occasionally the pain is confined to the middle and upper parts of the sternum. He lies best on the right side. The stethoscope discovers a bellows sound over the aorta, not altered by position; the heart's action is greatly increased; the sound is natural, the pulsation at apex violent; increased arterial action is perceptible over the whole body, the pulse is 106, strong, and jerking; the tongue pale, the bowels confined (he is naturally costive). He complains of soreness on pressure about the middle part of the spine.

12. A purgative draught to be taken directly, a mixture of colchicum and magnesia twice a day, and two grains and a

half of the hydriodate of potash three times a day.

14. The pain in the cardiac region is rather less acute; in other respects the same. Bled to ℥x, five grains of blue pill ordered twice a day; continue the potash in four-grain doses, omit the colchicum.

15. Blood buffed and cupped; pulse 108; pain slightly relieved in the back; dyspnœa gone; bowels open.

18. Aching pain in the whole cardiac region; palpitations violent; bellows sound very loud over the aorta; pulse 106, jerking. Bleed to ℥xvj, and increase the hydriodate of potash to five grains; the blood was cupped and buffed; the pulse was lowered to 96. Pain less.

20. The mercury has slightly affected the mouth, he is better. Discontinue the pills.

25. During the day he is more free from pain, but it returns at night with great severity in the cardiac region. Increase the potash to six grains.

28. He has been tolerably free from pain since the last report, until this morning, when he complained of the recurrence of pain in the cardiac region, with smarting along the spine; the palpitations are occasionally violent; dyspnœa; pulse 120; increase the potash to eight grains. Bled to ℥xvj.

May 21. Since the last report he has been occasionally free from pain, while sometimes the symptoms have assumed all their original violence. He has been cupped several times to ℥x, from which he has experienced much benefit. The pain is more of an aching character than it was, and he is now considerably better. The hydriodate has been gradually increased to ten-grain doses.

June 12. Since the last report he has not been quite so well. Increase the dose of the hydriodate to fifteen grains, and take ten grains of the pil. hydrarg. every night.

July 14. Has been taking mercury since the last report. His gums are now tender, and the pills were ordered to be omitted. During the last month he has been occasionally very free from pain, but subject to palpitations on the least exertion. He has been also very excitable, the pulse rising to 120 whenever he was spoken to. He now takes 20-grain doses of the hydriodate of potash.

July 28. The mouth was kept pretty sore until a few days since. He is now much better, and has no pain; the action of the aorta is still heard to be strong, but it has lost the bellows sound.

August 3. Discharged.

Dr. Elliotson remarked on this case that of course he could not state positively that organic disease of the aorta did not exist, but he was inclined to believe that that vessel was only inflamed. He had once seen a case of inflammation of the vessels of the right side, including the subclavian and the common carotid. He attributed some of the benefit which the patient had derived, to the hydriodate of potash, but of course the advantages of the antiphlogistic remedies which were also employed must not be underrated. He thought that a strong proof that the disease was merely inflammatory was to be found in the very decisive benefit which the patient had derived from the loss of blood. The patient was liable to a return of the complaint, and the remedies must be continued for some time longer; but as he had become so much better, he could with propriety be made an out-patient.

MEDICAL POOR-LAW CONTRACTS.

To the Editor.—Sir,—I beg to transmit to you a copy of a Petition to the House of Commons, signed by 100 medical practitioners of Buckinghamshire and of towns bordering on the county. The petition is now in the hands of the Marquis of Chandos, and will shortly be presented.

I have the honour to be, Sir,
Your most obedient servant,
Robert Cerly.

Aylesbury, Aug. 5, 1835.

(Together with a copy of the petition,—in which the petitioners earnestly complain to the House of Commons of the proceedings of the Poor-law Commissioners, and beseech its interference to procure a remedy for the grievances detailed therein,—we have received a copy of a memorial addressed to the Poor-law Commissioners, thus introduced:—)

"At a meeting of Medical Practitioners of Buckinghamshire and of the neighbouring towns in the adjoining counties, lately held at Aylesbury, which afterwards formed itself into the 'Buckinghamshire Medical Association,' it was resolved,—"That the injurious tendency of the recent arrangements adopted by many of the boards of guardians, for the purpose of obtaining medical attendance for the sick poor, should be made known, and the following Memorial addressed to the Poor-law Commissioners."

(This Memorial, which is excellent in its terms and objects, we have not space to insert in our present number without abridgment. The following, however, is an analysis of its contents:—)

The memorialists express their concern that no efficient medical aid is secured to the poor in sickness. The memorialists then proceed to say, that for years parochial medical assistance, dictated by a spurious economy, has not justified a hope of success, or of adequate remuneration,—vicious competition, opposing interest to duty, taking the place of unobjectionable practice. The memorialists submit, that the late medical proceedings of many boards of guardians must terminate in injury and disappointment,—in inconvenient appropriation and inadequate division of the medical duties, ending in fatal consequences to the sick,—the rate of payment proposed being altogether disproportionate to the services required of the medical attendant, and conceived in total disregard of his social claims and his moral and legal responsibilities. The memorialists therefore earnestly complain, that the alternative of submitting to the introduction of strangers, who are necessarily ignorant of the nature and extent of their duties, is harsh, unprovoked, and oppressive. The memorialists consequently hope that the commissioners will reconsider the subject, and direct such regulations as shall be beneficial to the sick poor, satisfactory to the public, and fair and just to the medical profession.

Dated Aylesbury, June 20, 1835, and signed, on behalf of the meeting, by Robt. Ceely, chairman.

The following Answer to this Memorial was returned by the Poor-law Commissioners, after acknowledging the receipt of the Memorial:—

"The Commissioners consider that it is perfectly impracticable for the boards of guardians to scrutinize the motives, whether honourable or dishonourable, of candidates for medical offices; but they must presume that, in any offer, the candidate sufficiently protects his own interest and that of his profession; whilst the guardians are bound to protect the interests of the rate-payers by selecting the most advantageous offers to be procured by open competition; and they are equally bound, in duty to the rate-payers, to the paupers, and to your profession even more particularly, to throw the situation open to the whole profession.

"Signed, by order of the Board,
"E. Chadwick, Secretary."

Petition.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled, the Petition of the undersigned Medical Practitioners of Buckinghamshire, and of towns in the adjoining counties,

Humbly showeth, that your petitioners, being legally qualified Practitioners in Medicine and Surgery, believe—

That the medical profession renders to society services of the highest value, and that the remuneration of them in the aggregate is an inadequate indemnity for the great expense of medical education, and the laborious duties and onerous responsibilities incurred.

That the profession has long been compelled to make great sacrifices in the discharge of its parochial duties to the sick poor, not merely by reason of the notorious insufficiency of the stipend, but from the system of medical contracts adopted by the authorities, which has been justly productive of reproach to them, of scandal to the profession, and injury to the poor.

That the altered appropriation, and the insufficient division, of the medical duties in several unions, under the direction of the Poor-Law Commissioners, have removed from the established practitioners the main inducements to make the sacrifices above mentioned.

That these duties, thus rendered more laborious, and considerably more difficult of execution, are proposed to be met by a still lower rate of payment; it therefore becomes impossible for qualified persons to undertake them with the hope of doing justice to the sick and credit to themselves.

That the authorities perceiving the reluctance of established practitioners to undertake what it is obvious they are unable to perform, without greater sacrifices than society as at present constituted has a right to expect, have in most instances threatened, and in many effected the introduction of young and inexperienced persons from a distance, necessarily unacquainted with the nature and extent of the duties to be performed, and to which they must in most instances be physically incompetent.

That those practitioners who have deemed it expedient to yield to these threats, have done so in the full conviction that the legislature, which has manifested its solicitude for the public good by properly enforcing of late years on medical practitioners a more efficient and expensive qualification, will not when respectfully appealed to, fail to protect them from such degradation, injustice, and oppression.

That your petitioners entertaining the highest respect for the laws and government, believing that it was not the design of the legislature to render the operation of the Poor-Law Amendment Bill oppres-

sive to any class of the community, and satisfied that the inevitable consequences of these arrangements must be disappointment to their authors, injustice and degradation to the medical profession, and neglect and suffering to the sick poor, feel it their duty humbly but earnestly to complain to your Honourable House, beseeching your interference for the removal of a system not less opposed to sound policy than at variance with the interests of science and the dictates of justice and humanity.

And your petitioners will ever pray, &c.

We regret to find, by the newspapers, that the building formerly occupied by HUNTER, and latterly known as the Windmill-street Theatre, has been materially injured by a calamitous fire, which occurred on Tuesday night last, in the neighbourhood of Rupert-street. The sittings of the Westminster Medical Society have of late years been held in the anatomical museum.

CORRESPONDENTS.

J. S.—It was evidently a mistake of the printer, and should have been printed "vindicatory."

The letter of *Mr. Bartleman* wants an address.

Aristotle.—As we believe that the letter we have already published is calculated to create in the mind of every reader impressions equally strong with those of our correspondent respecting the certificates alleged to be given by Mr. Green and Mr. Cooper to the quack named Franks, we do not feel it necessary to publish the present communication, especially as we should have difficulty in making space for its insertion.

A correspondent inquires whether any cases of the malignant cholera have recently occurred in London. We reply that we have accounts of none. With regard to his remarks on some reports said to have issued from a building called the "Free Hospital," we can only say that newspaper announcements of metropolitan cases of cholera are very likely to be attempts to obtain notoriety for cholera puff-shops.

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.		Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins.	Dcls.		
July 27	84.	48.75	29.84	29.80	—		E.	
28	78.50	51.	.85	.83	—		E.	
29	83.	47.25	.96	.95	—		N.W.	Fine throughout
30	84.25	49.25	.94	.87	—		N.W.	
31	76.25	43.50	.88	.86	—		N.	the Week.
Aug. 1	82.	47.75	.87	.79	—		N.	
2	76.50	51.25	.75	.69	—		N.E.	

July 28, 1835. W. JACKSON.

Monthly Observations for July.—Quantity of rain fallen during the month in inches and decimals, 1,14375. Unlike the last month, the range of the barometer was exceedingly small. The maximum was below those of the same month for the last five years. The minimum was above those which have occurred since 1827, and the mean was higher than in July 1833 and 1834. There was less rain than in any July since 1826; it did not amount to one-sixth part of what fell in the July of 1834. The whole quantity of rain which has fallen since the commencement of the present year, is very nearly the same as fell during the same period of time in the last year. The month was not so hot as the July of 1834, but with that exception has been warmer than any July since 1826. A thunder storm was experienced on the 2nd of August, the lightning was sometimes very vivid, and about one-third of an inch of rain fell.

August 5th, 1835. W. JACKSON.